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#89
Philosophical
Statement

OVERVIEW OF PEER REVIEW

A. DEFINITIONS

1. Peer - an equal or one who has equal standing with another or others.¹
2. Review - a.) to make an inspection of, especially formally;
b.) critical study or examination.²
3. Peer Review (in nursing) - evaluation by nursing practitioners of the:
a.) quality of nursing care services rendered and
b.) performance of individual practitioners engaged in the delivery of such services.

B. RATIONALE

Nursing, like other professions, is accountable to the public for delivery of services consistent with its statutory obligations and with norms and standards established by the profession. Similarly, nursing is accountable to practitioners of the profession for recognition of adherence to standards of performance and ethics, for protection against ill-founded or unjust criticism, and for assistance in improving individual performance. A system of peer review provides for execution of these primary responsibilities in an orderly and democratic fashion.

C. COMPONENTS OF A PEER REVIEW SYSTEM

1. Written description of norms and standards established by the profession-at-large and the particular practitioner group relative to:
 - a.) Quality of nursing care services;
 - b.) Individual performance.

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2. Written policies, procedures and tools for recording and auditing:
 - a.) Quality of nursing care services;
 - b.) Individual performance.
3. Elected committees representative of nursing practitioners and other nursing titles whose functions include:
 - a.) Systematic review and revision of 1 and 2 above;
 - b.) Systematic review of nursing care services rendered within all units, departments, divisions, etc.;
 - c.) Systematic review of individual performance of all nursing practitioners;
 - d.) Provision of full and fair hearing in all incidents of alleged infraction of standards;
 - e.) Provision of mechanism for right of appeal.
- D. GUIDELINES BASIC TO ESTABLISHING A PEER REVIEW SYSTEM

Design of the system should provide for:

 1. Systematic, on-going evaluation of services rendered and of individual performance;
 2. Receipt and processing of questions, criticism, and commendation regarding services received and performance of individual practitioners by any and all of the following:
 - a.) Clients and/or families
 - b.) Nursing practitioners
 - c.) Members of other disciplines;
 3. Recognition of competence and excellence;
 4. Educational experiences and/or counseling as needed to enhance or improve services or performance;
 5. Protection of clients' and practitioners' rights through maintenance of appropriate confidentiality of records;
 6. Full access by an individual to evaluative records on his own performance;
 7. Processing of appeal in instances where review findings are challenged by a client, an individual practitioner or a group of practitioners, or the party in whose behalf the review was conducted.

1. Brittenica World Language Dictionary.
 2. Ibid.
- NYNA-CHP, 9/25/73
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OPERATIONAL DEFINITIONS IN EVALUATING ALLEGATIONS OF PROFESSIONAL MISCONDUCT IN NURSING

These definitions were prepared by the New York State Nurses Association's Committee on Ethical Practice to assist individual practitioners and the New York State Education Department in evaluating allegations of professional misconduct in nursing.

I. Negligence:

Negligence is doing or failing to do that which a reasonably prudent practitioner would have done or not done in a same or similar circumstance, and such action results in the proximal cause of injury.

II. Incompetence:

Incompetence is doing or failing to do that which a reasonably prudent practitioner would have done or not done in a same or similar circumstance, and such action results in the potential to cause harm.

Incompetence is characterized by:

- a. a lack of skills and capabilities basic to implementation of the authorized scope of nursing practice; and
- b. a demonstrated inability to acquire such skills and capabilities,

III. Reasonably Prudent Practitioner:

A reasonably prudent practitioner is one whose conduct:

- a. falls within the authorized scope of nursing practice as defined by statute and common professional consent;
- b. reflects knowledge included in basic preparation for nursing practice;
- c. is consistent with standards of nursing practice; and
- d. reflects current available nursing knowledge.

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The determination of "same or similar circumstance" requires a full review of all factors and events surrounding the alleged act or acts of negligence or incompetence including the role of all involved parties.

V. References in Evaluating Allegations of Professional Misconduct in Nursing:

- a. the statute governing nursing practice;
- b. accreditation standards for nursing education and nursing practice and services;
- c. institutional policies;
- d. the total health record (including the written nursing regimen) of the patient or client involved in the alleged act of negligence or incompetence; and
- e. testimony from recognized expert nursing practitioners in related areas of nursing practice.

VMD:ldf
10/12/73

POLICIES AND PROCEDURES GOVERNING VIOLATIONS OF THE CODE FOR NURSES

Approved by the Board of Directors of The New York State Nurses Association

INTRODUCTION

The Code for Nurses adopted by the American Nurses' Association, is intended to serve the nursing practitioner as a guide to the ethical principles that govern individual practice, conduct and relationships. The Code and the accompanying interpretive statements clarify the areas in which definite standards of practice and conduct are essential to the full and ethical discharge of each practitioner's responsibility to the public, to associated groups, and to the profession. Each practitioner has an obligation to uphold and adhere to the Code in individual practice and to ensure that colleagues do likewise. The professional organization has the obligation to protect the public in general, to protect the individual patient in particular, and to demonstrate concern for the profession of nursing. Therefore, the organization will take all appropriate measures to ensure adherence to the Code by all nursing practitioners.

The Board of Directors of each constituency of the American Nurses' Association has the authority and the responsibility for handling all alleged violations of the Code by their respective members.

All practitioners holding membership in the New York State Nurses Association are subject to such disciplinary action under Article V of the Bylaws. The 1971 New York State Nurses Association House of Delegates established a Committee on Ethical Practice and charged it with the responsibility for investigating any complaints of alleged violation of the Code for Nurses, and has prepared the following policies and procedures governing such matters.*

POLICIES

1. Complaints may be initiated by a colleague, constituent nurses association or any individual who has cause to believe a nursing practitioner is in violation of the Code.
2. All complaints must be submitted to the Committee on Ethical Practice in writing and signed by the complainant.
3. Investigations are to be carried out in a manner which will safeguard the rights of all parties:
 - a. Confidentiality shall be strictly maintained;
 - b. All information pertinent to the alleged violation shall be collected and thoroughly evaluated;
 - c. The individual alleged to be in violation shall be notified in writing that a complaint has been lodged and an investigation of the charge is pending;
 - d. Precautions shall be taken to prevent reprisals against the complainant;
 - e. In all instances of reported alleged violations, provision shall be made for a full and fair formal hearing;
 - f. The privilege of a formal hearing may be waived by the individual alleged to be in violation;
 - g. In presentation of the defense, the individual alleged to be in violation shall have the right to be accompanied by or represented by legal counsel or another individual of his choice;
 - h. The individual alleged to be in violation shall have the right to introduce evidence on his behalf; to examine any evidence introduced against him; to examine and cross-examine every witness against him.

*While the policies and procedures apply to New York State Nurses Association, they are recommended as a guideline for use by District Associations.

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4. The recommended disposition of the complaint by the Committee on Ethical Practice shall be appropriate to the nature and circumstances of the alleged violation. Such disposition may include, but not necessarily be limited to, dismissal of the charges, reprimand, censure, suspension or expulsion from the New York State Nurses Association. Where the violation appears to be of a criminal nature, the New York State Nurses Association will refer the matter to the appropriate legal authorities.
5. Provision shall be made for notifying all parties, including other levels of the professional association when applicable, of the Association's decision in this matter.
6. Provision shall be made for an individual alleged to be in violation against whom disciplinary action has been decided, to have the right to appeal said decision in accord with the provisions of Article V of the Bylaws of the New York State Nurses Association.

PROCEDURE

- I. The New York State Nurses Association Committee on Ethical Practice shall:
 1. Receive all written, signed complaints:
 - a. Acknowledge receipt of complaint;
 - b. Request additional information if necessary;
 - c. Notify the individual alleged to be in violation of the complaint;
 - d. Notify complainant that the individual alleged to be in violation has been advised of the nature of the complaint and the name of the complainant.
 2. Proceed with an investigation of the complaint:
 - a. Determine whether additional information is necessary;
 - b. Conduct interviews with the complainant and the individual alleged to be in violation, if necessary.
 3. Provide for a full and fair formal hearing if necessary, or requested:
 - a. Determine within 30 days from receipt of complaint whether a hearing is to be held;
 - b. Notify complainant and individual alleged to be in violation of the date of the hearing at least 10 days prior to the scheduled date;
 - c. Conduct the hearing within 60 days from receipt of complaint.
 4. Recommend disposition of charges:
 - a. Submit to the New York State Nurses Association Board of Directors a written report including recommendations for specific action to be taken, within sixty (60) days from receipt of complaint.
 - b. Make available to the Board all pertinent findings when a case is appealed;
 - c. Provide for any follow-up to determine that the violation has been corrected.
- II. The New York State Nurses Association Board of Directors shall:
 1. Receive the report and recommendations from the Committee on Ethical Practice;
 2. Determine the final disposition of the case;
 3. Notify all involved parties of its decision in the matter;
 4. Receive and process requests for appeal as provided for in Article V of the New York State Nurses Association's Bylaws.

NOTE

The Board of Directors of a district nurses association may request the New York State Nurses Association's Committee on Ethical Practice to carry out the procedure governing violations of the Code for its members if the district lacks the necessary resources or if the particular circumstances of an alleged violation preclude an unbiased investigation.

NEW YORK STATE NURSES ASSOCIATION

INFORMATION SHEET

ON

PROFESSIONAL STANDARDS REVIEW ORGANIZATIONS

Professional Standards Review Organizations (PSROs) are groups of physicians chartered by HEW to review the quality and appropriateness of medical care provided to Medicare (Title 18) and Medicaid (Title 19) patients in hospitals and other institutions within designated "PSRO Areas" of the United States.

Authority for PSROs is contained in the 1972 amendments to the Social Security Act (Public Law 92-603). This legislation represents the most recent effort by the Congress to upgrade the quality and control the costs of health care provided to Medicare and Medicaid patients.

The omnibus January 1, 1972 legislation has set in motion a complex series of events at the local, state and national level. Ultimately a functioning national system of quality assurance will evolve with physicians monitoring the appropriateness and quality of care delivered by their colleagues. While at present this has not been mandated for nursing, the profession has been involved at national, state and district levels.

Major Provisions of PSRO Law:

Purpose: The main objective of the PSRO program is to assure the effective, efficient and economical delivery of health care to patients covered by Medicare, Medicaid and Title V (Maternal and Child Health Care)

Local PSRO: Will monitor (1) the necessity of institutional services (2) the appropriateness of the levels of care and (3) the quality, adequacy and economy of health services.

Who:

To qualify as a local PSRO, a group must be a voluntary, non-profit professional association composed of licensed practicing physicians, open to both M.D.'s and D.O.'s.

Where:

New York State has 17 designated areas as of March 15, 1974. (See attached list)

How:

To carry out review/local review - the local PSRO will develop and apply professionally developed criteria and norms of care and quality based on acceptable standards of practice.

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What:

What has been done: NYSNA's Council on Practice developed in 1972, "Overview of Peer Review".

NYSNA Council on Nursing Practice 1973 convention's speaker, Joyce Watterman Taylor addressed "Outcome Criteria" and 1974 Convention's speaker, Norma Lang, with a panel of NYSNA Council on Nursing Practice members presented a program, Quality Assurance - Are Nurses Ready? NYSNA's Council on Nursing Practice developed and published in the NYSNA's Journal, Vol. 4, No. 2, August 1973, Policies and Procedures Governing Violations of the Code for Nurses, pp. 43-44.

The Council also developed and published in NYSNA's Report, Vol. 4, No. 6 (Nov-Dec 1973), Operational Definitions in Evaluating Allegations of Professional Misconduct, p. 3.

The NYSNA's Council on Nursing Practice designed position descriptions for nursing practitioners - copies of these are available at the Association's Headquarters.

The Council sponsored a series of workshops, Implementation of the Nurse Practice Act, Position Descriptions and Standards of Practice (May 1974).

NYSNA jointly sponsored with HANYS, JCAH Nursing Audit workshops and is currently co-sponsoring the JCAH Audit workshops to be presented at the Albany Hyatt House, April 15-16, 1975.

ANA Major Contract

The American Nurses Association has been awarded a major contract by Health Services Administration of the Department of Health, Education and Welfare, which provides \$252,411. to develop criteria for measuring the quality and effectiveness of nursing care. This project will also identify and recommend ways in which the Profession can participate in PSROs.

Additional information which you might be interested in receiving includes:

1. PSRO Report
Available from: American Medical Association
535 North Dearborn Street
Chicago, IL 60610
2. PSRO Letter
(A Report from Washington on Professional Standards Review Organizations)
Available from: Editorial Office
437 National Press Building
Washington, D.C. 20004

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3. Quality Assurance of Medical Care - Monograph
DHEW Publication #HSM 73-7021
Available from: U.S. Government Printing Office
Washington, D.C.
4. New York State Headquarters Office - F. Lawrence Clare, M.D.,
Director
Federal Building
26 Federal Plaza
New York, New York 10007
Telephone: (212) 264-2540

AMA Recruitment Process

In an effort to provide a needed service for emerging PSROs, AMA has initiated a PSRO Professional Recruitment Opportunities Services (PROS). The Service is intended to assist individuals interested in securing positions in PSROs and to assist PSROs in obtaining qualified personnel. Emphasis will be placed primarily on three categories of personnel: executive directors, review co-ordinators (nurses and paramedics), and technical support staff.

Anyone desiring a position in one of these categories should send a resume to PSRO Report defining the type of position desired, educational qualifications and experience. A cover letter authorizing the Recruitment Service to release the resume to interested organizations must accompany the resume. No listing will be published without this authorization.

When a resume is received, an abstract of the pertinent material will be included in the next publication of the PSRO Report and will be assigned a unique code number which will be the only means of identification. Applicants are encouraged to furnish a synopsis of their resume in fifty words or less. Two sample abstracts are as follows:

- 0001 Health Care Administrator desires position as PSRO Administrator. Administrative experience in planning and implementing claims and utilization review programs. Experience in hospital administration and membership services division for a state medical society. B.S. in Hospital Administration.
- 0002 Seeking position in quality assurance program with PSROs. Extensive knowledge of medical record systems, work simplification procedures, development of personnel evaluation techniques and management information systems analysis and data processing with health insurance company. B.A. Degree.

When a PSRO is interested in an entry and desires further information on the applicant, they should write to PSRO Report requesting a copy of the desired resume by specifying the code number of the entry. A copy of the resume will be sent to the interested organization, with all further contact to be directly between the organization and the applicant.

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REGION II - DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PSRO CONTRACTS (Continued)

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PSRO AREA/ CONTRACTOR	ADMINISTRATIVE DIRECTOR/ PROJECT DIRECTOR	CONTRACT NUMBER	TYPE OF CONTRACT
<u>AREA I</u>			
Erie Region PSRO, Inc. 1541 Marine Trust Bldg. 237 Main Street Buffalo, N.Y. 14203	Mr. Warren A. Mutz Program Director Tel: (716) 854-3513-4 Kenneth H. Eckhert, M.D. Project Director	HSA-105-74-86	Planning
<u>AREA II</u>			
Genesee Region PSRO, Inc. 1441 East Avenue Rochester, N.Y. 14610	Mr. John H. Coleman Tel: (716) 442-9832 Thomas Cardillo, M.D. Project Director	HSA-105-74-37	Planning
<u>AREA III</u>			
Professional Standards Review Organization of Central New York, Inc. 224 Harrison Street Syracuse, N. Y. 13202	Mr. Stephen Leech Project Director Tel: (315) 474-3961	HSA-105-74-108	Planning
<u>AREA IV</u>			
Five-County Organization For Medical Care and Professional Standards Review - Area IV 210 Clinton Road New Hartford, N.Y. 13413	Mr. Russell H. Feltus Managing Director Tel: (315) 735-2204 Clark T. Case, M.D. Project Director	HSA-105-74-109	Planning

REGION II - DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PSRO CONTRACTS (Continued)

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NEW YORK

PSRO AREA/ CONTRACTOR	ADMINISTRATIVE DIRECTOR/ PROJECT DIRECTOR	CONTRACT NUMBER	TYPE OF CONTRACT
<u>AREA V</u>			
Adirondack Professional Standards Review Organization, Inc. 66 Park Street, Glens Falls, N. Y. 12801	Mr. Conrad Kaczmarek Project Director Tel: (518) 793-4667	HSA-105-74-51	Planning
<u>AREA IX</u>			
Area 9 PSRO of New York State, Inc. Purchase Street, Purchase, N. Y. 10577	Mr. Michael Maffucci Tel: (914) 948-4100 Charles Weller, M.D. Project Director Eleanor Berhmann R.N. - Ext. 47 Sophie Krelak R.N. - Ext. 48	HSA-105-74-38	Planning
<u>AREA X</u>			
Professional Standards Review Organization of Rockland, Inc. 120 N. Main Street, New City, N. Y. 10956	Mrs. Harriet Moseson Executive Secretary Tel: (914) 634-0505 Howard B. Goldstein, M.D. Project Director	HSA-105-74-118	Planning
<u>AREA XI</u>			
New York County Health Services Review Organization 40 West 57th Street, New York, N. Y. 10019	Eleanore Rothenberg Deputy Executive Director Mr. Kenneth L. Hall Tel: (212) 582-5858 Ivan L. Bennett, Jr., M.D. Project Director	HSA-105-74-44	Planning
<u>AREA XII</u>			
Richmond County, New York Professional Standards Review Organization, Inc. 37 New Dorp Lane, Staten Island, N. Y. 10306	William A. Schwarz, M.D. Project Director Tel: (212) 727-0156	HSA-105-74-107	Planning

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REGION II - DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PSRO CONTRACTORS (Continued)

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NEW YORK

PSRO AREA/ CONTRACTOR	ADMINISTRATIVE DIRECTOR/ PROJECT DIRECTOR	CONTRACT NUMBER	TYPE OF CONTRACT
<u>AREA XIII</u>			
Kings County Health Care Review Organization, Inc. 1313 Bedford Avenue, Brooklyn, N. Y. 11216	Miss Sheryl Buchholtz Tel: (212) 467-9000 Joseph R. Fontanetta, M.D. Project Director	HSA-105-74-39	Planning
<u>AREA XV</u>			
Nassau Physicians Review Organization 1200 Stewart Avenue, Garden City, N. Y. 11530	Mr. Norman Steingraber Project Director Tel: (516) 333-4300	HSA-105-74-164	Planning
<u>AREA XVI</u>			
The Bronx Medical Services Foundation, Inc. 684 Britton Street, Bronx, N. Y. 10467	Mr. Harry Feder Tel: (212) 654-3290 Anthony J. Altieri, M.D. President	HSA-105-74-165	Planning
<u>STATEWIDE</u>			
Medical Society of the State of New York 420 Lakeville Road, Lake Success, N. Y. 11040	Mr. Morton N. Chalef Director, Division of PSRO and Related Activities Tel: (516) 488-6100	HSA-105-74-72	Support Center

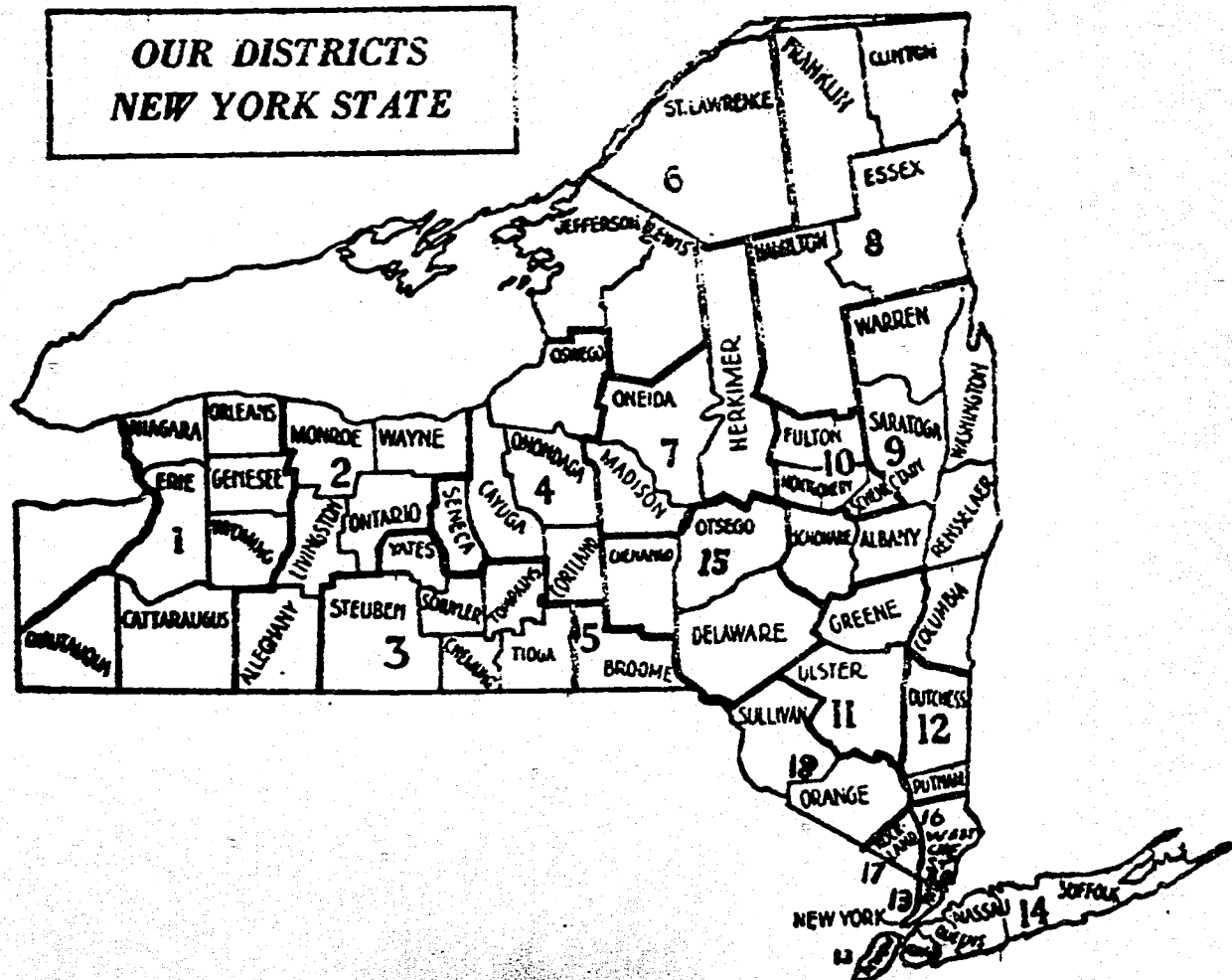
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NYSNA DISTRICT AREAS

DISTRICT	PSRO NO.		PSRO NO.
1. NIAGARA	I	10. FULTON	V
ORLEANS	I	MONTGOMERY	VI
ERIE	I	SCHENECTADY	VI
GENESEE	I		
WYOMING	I	11. GREENE	VIII
CHAUTAUQUA	I	ULSTER	VIII
CATTARAUGUS	I		
2. MONROE	II	12. DUTCHESS	VIII
LIVINGSTON	II	PUTNAM	IX
ALLEGANY	I		
WAYNE	II	13. NEW YORK	XI
ONTARIO	II	RICHMOND	XII
YATES	II	BRONX	XVII
3. STEUBEN	II	14. KINGS	XIII
SCHUYLER	III	QUEENS	XVI
CHEMUNG	III	SUFFOLK	XVI
TOMPKINS	III	NASSAU	XV
TIOGA	III		
4. CAYUGA	III	15. CHENANGO	IV
ONONDAGA	III	OTSEGO	VII
OSWEGO	III	DELAWARE	VII
CORTLAND	III		
SENECA	II	16. WESTCHESTER	IX
5. BROOME	III		
6. JEFFERSON	III	17. ROCKLAND	X
ST. LAWRENCE	III		
LEWIS	IV	18. ORANGE	VIII
		SULLIVAN	VIII
7. MADISON	IV		
ONEIDA	IV		
HERKIMER	IV		
8. ESSEX	V		
HAMILTON	V		
CLINTON	V		
FRANKLIN	V		
9. SARATOGA	V		
WASHINGTON	V		
WARREN	V		
ALBANY	VII		
RENSSELAER	VII		
SCHOHARIE	VI		
COLUMBIA	VIII		

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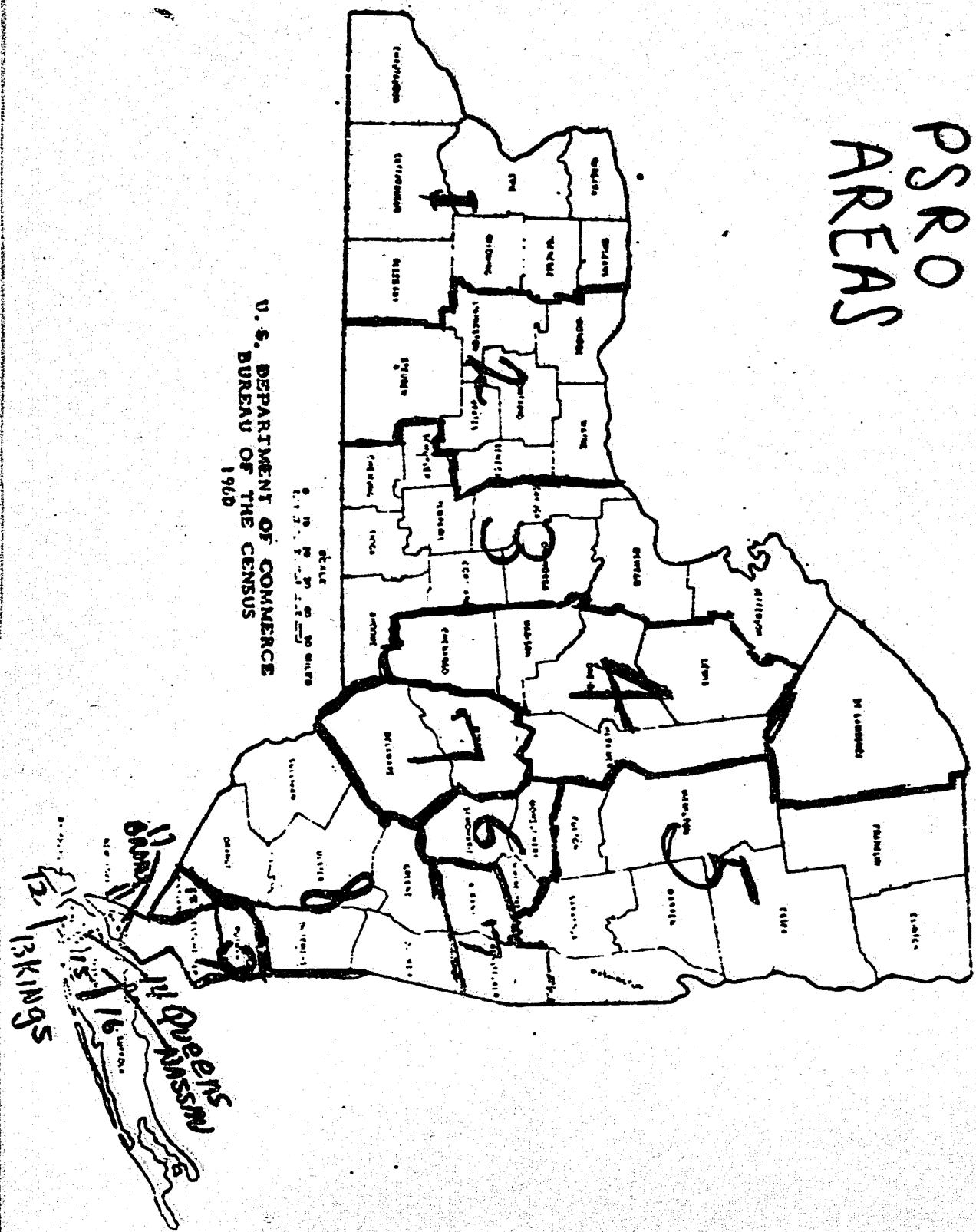
OUR DISTRICTS
NEW YORK STATE



PSRO
AREAS

NEW YORK

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1968



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CHR

CABINET ON HUMAN RIGHTS
SUBCOMMITTEE ON AFFIRMATIVE ACTION
NOVEMBER 30 - DECEMBER 1, 1984
AGENDA ITEM 3.1.5

AFFIRMATIVE ACTION

Affirmative Action programming is a positive, continuing effort that is directed toward achieving results and specifically designed to transcend neutrality. Not merely non-discriminatory programming, it vigorously works to correct past inequities at all levels of an organization.

A. Affirmative Action for Non-Discrimination

Affirmative Action for non-discrimination is the elimination of discrimination on the grounds of race, color, or national origin against persons who are the actual or potential recipients of the service of, or who are actual or potential participants in, a given organization or institution.

B. Affirmative Action for Equal Employment Opportunity

Affirmative action for equal employment opportunity is the elimination of discrimination against minorities and others previously treated unfairly by the employment policies and practices of a given organization or institution.

C. Affirmative Action for Social Change

The elimination of the widest range of ways that discrimination may be practiced by an organization or institution.

In its broadest sense, the term "affirmative action" refers to all those actions designed to promote the standards of a pluralistic, multi-racial society in which no group (racial, sexual, religious, and so on) is treated inequitably. There is, of course, no one law which undergirds such affirmative action planning. Rather, such plans derive their form and function from both the current laws which aim to prevent discrimination and a system of values important to the affirmation of the human rights of every segment of society. Such planning takes the law one step further and asserts that the social order itself is the target. Systemic discrimination within a given institution is assessed, and, given the nature of the institution's mission, a plan is designed to focus the institution's energies on the nature of its commitment to and its role in promoting a pluralistic, multi-racial society.

Minority Membership Figures as of December 1976

Black—6,262	Chinese—418
Spanish—791	Filipino—1,542
American Indian—275	Hawaiian—56
Japanese—1,054	Other—460

40,000 ANA members did not identify themselves as belonging to any racial/ethnic group.

AGENDA ITEM XI-A

AMERICAN NURSES' ASSOCIATION

Commission on Human Rights

Goals 1982-1984

1. (To advance the profession of nursing)

- Assist the association in the implementation of the B.S.N. scholarship program *funding requested*
- Respond to discrimination cases as they relate to the freedom to practice nursing
- Facilitate the process for increasing the numbers of culturally and ethnically different nurses in ANA, and their representation at all levels as elected and appointed officials
- Continuing to support the increase in the accessibility and availability of nursing education programs which increase the numbers of doctorally prepared, culturally and ethnically different persons
- Provide support for strengthening existing nursing education programs which largely serve ethnic persons of color

2. Expand the sociopolitical influence of the profession at all levels which impacts upon the quality of life and health of all persons, especially special population groups

- Develop formal mechanisms for the interface between ANA and other nursing organizations to promote the goals of affirmative action programs
- Monitor the recommendations among the structural units of ANA to assure continuous attention to human rights concerns, and policy and program development
- Continue to monitor the level of participation of minority nurses within the association and constituent associations
- Continue to recognize the structural unit and constituency within ANA which have demonstrated the greatest achievement in affirmative action programming

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- a. Develop a formal mechanism to interface with the Nurses' Coalition for Action in Politics in responding to legislation at all levels of government which impacts on ethnic persons of color and the culturally different

3. Revision and dissemination of the bibliography on health care relevant to special population groups

- a. Review the literature
- b. Monitor proceedings from ANA, the National League for Nursing, and other health-related conferences
- c. Compile the findings
- d. Disseminate to all structural units, constituent associations, and other health-related groups

CDT:sb
4/15/82

American Nurses' Association, Inc.

2420 Pershing Road, Kansas City, Missouri 64108

(816) 474-5720

Eunice R. Cole, R.N.
President

Cables:
Amernurses U.S.A.

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Juanita Hunter



Washington Office:
1101 14th Street, N.W.
Suite 200
Washington, D.C. 20005
(202) 789-1800

PHILOSOPHICAL ASSUMPTIONS OF THE COMMISSION ON HUMAN RIGHTS

→ reviewed this section

We believe the historical legacy of the American Nurses' Association requires that it honor, value and fulfill its commitment to all human rights. From this assumption flow two corollaries. First, the American Nurses' Association is its membership; thus, the actions of each member are valued and prized as the goals of the Commission on Human Rights are translated into behavior. Second, the structural entities of the Association must work to visibly demonstrate the transformation of that legacy into action. We believe the profession of nursing is endowed with a public trust and the honoring of that trust must be enacted in terms of internal accountability as well as external accountability.

We believe that justice is a cardinal concept which guides the nursing profession in the provision of human services. Justice mandates that all persons in need of nursing services receive services that are equitable in terms of accessibility, availability and quality. Therefore, the Commission is committed to actions which will improve accessibility to health and nursing services for all people and which subsequently will insure quality of such services; identification of barriers to accessibility, availability and quality nursing service with particular focus on those people who have been denied those services in the past; development and implementation of strategies for minimizing or eliminating the barriers to nursing services; and evaluation of such strategies and programs.

We believe further, that justice requires that the differences among persons and groups are to be valued. When those differences contribute to the unequal distribution of the quality and quantity of nursing and health care, then remedial actions are obligated. Such remedial actions include, but would not be necessarily limited to, persons of color. For the liberation of any person from inequities contributes to the freedom of all persons.

include all of this section

We believe justice also requires redress of inequities in the preparation of applicants to the field of nursing. All aspirants should have equal opportunity for admission, retention and graduation from educational programs. Inequities of the past with regard to persons of color may require active recruitment and remedial educational programs as acts of faith.

With a major focus on the ethnic people of color, we believe that justice requires knowledge about cultural diversity and value systems. Knowledge of consequent health behavior which respects and utilizes these value systems must become mandatory for all nurses. We further believe that standards must be developed which require the respect for, and application of this knowledge in the modification of nursing actions to insure quality nursing care for consumers.

① footnote - ANA documents - which affirm the commitment.

② Facts about nursing

③ Facts about no's. of people who need health care who are not getting it.

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SURVEY AND ANALYSIS OF AFFIRMATIVE ACTION WITHIN
ANA CONSTITUENT ASSOCIATIONS AND STRUCTURAL UNITS

1978 - 1980

by the
American Nurses' Association
Commission on Human Rights

Acknowledgments

I wish to extend my appreciation to the members of the Affirmative Action Task Force, the predecessor of the Commission on Human Rights, for the development of the unit assessment model used by ANA structural units and constituents. This tool has been invaluable to the ANA's Commission on Human Rights--it has provided us with the foundation and guidance to address affirmative action issues.

Ethelrine Shaw, Ph.D., F.A.A.N., the first chairperson of the commission, and all of the commission members, past and present, have been relentless in their endeavor to insure that affirmative action is realized within the association and its constituents.

I am especially proud to recognize those constituents which received honorary recognition status and provided the nursing profession with prototypes of plans which can be implemented. Finally, I would like to pay tribute to the American Nurses' Association for its long commitment and continuing belief in the equal opportunity and human rights of all people.

Marian Davis Whiteside, M.P.H., R.N.
Chairperson
Commission on Human Rights
1980-1982

Since its incorporation in 1901, the American Nurses' Association has promoted many program efforts which have affirmed its commitment to equal opportunity and civil rights. However, much needed systematic programming by structural units at each level of the association was missing. The need for such programming had long been indicated, but the response was, at best, absent or slow.

During the late 1960s and early 1970s, several resolutions were passed which indicated ANA's continuing commitment to minority nurses. Each of these resolutions urged individual members and constituent associations to actively pursue specific programs which would demonstrate commitment to affirmative action and minority nurses.

At the 1972 ANA Convention a resolution on an affirmative action program was approved by the House of Delegates.

This resolution contained a mechanism for implementation of programmatic activities which had been missing from previous resolutions.

Background

The idea of a unit assessment was started in 1973 by the Affirmative Action Task Force, the predecessor of the Commission on Human Rights. It seemed appropriate then that some attempt at assessment of the extent to which that 1972 resolution has been implemented at all levels of the association be made. The task force collected information on human rights activities from the annual report to ANA from the state nurses' associations. The task force also surveyed 13 ANA structural units at this time (Attachment 1).

It was evident from the results of the above that there was much work to be done in the area of affirmative action.

In May 1976, Dr. Pearl Dunkley, ANA Deputy Director of Program Activities, proposed that:

1. In 1976, all structural units of the association engage in self-assessment to determine the extent to which the goals and promises of the merger of the National Association of Colored Graduate Nurses with ANA have been achieved.

2. The self-assessment, conducted by each structural unit, should be based on the model affirmative action plan developed by the Affirmative Action Task Force including:
 - a) An analysis of the issues and problems for minority nurses and consumers in the unit's geographical area
 - b) The development of objectives
 - c) The establishment of goals and timetables
 - d) A determination of programmatic activities
 - e) An evaluation plan.
3. A reallocation of resources be made within the 1976 budget to begin to work on planning and collection of data on the extent to which minorities participate in ANA at all levels.
4. All structural units be charged to begin planning for a conference to report the results of the self-assessment at their 1976 summer orientation and include budgeting requests in their 1977 budget proposals.
5. In 1977, the 25th anniversary of the 1952 structure change, a significant program, be sponsored by ANA with every structural unit of the association involved in assessment and forward planning.

The Commission on Human Rights endorsed this proposal and requested that the ANA Board of Directors reallocate funds to provide for immediate planning and implementation of this proposed ANA program. The Commission on Human Rights believed that it should be the unit responsible for coordination of these activities and offered the following rationale. These activities:

1. Are in accordance with the function of the Commission on Human Rights to develop the means by which the association can systematically focus on human rights as an integral component of comprehensive nursing care to all consumers.
2. Strengthen ANA by implementing affirmative action throughout the organization.

3. Strengthen ANA by improving the abilities of the organization to respond to the multipurpose interests and needs of the members.
4. Strengthen the profession of nursing by improving relationships with other organizations, professionals, consumers and the government.
5. Strengthen research and data gathering systems for the profession by expanding the knowledge base for practice of nursing.
6. Produce papers for publication.
7. Acknowledge nurses' need for coordinated national action.
8. Enhance the association's ability to represent the profession to the public, the government, and to other national organizations.
9. Would provide an opportunity for all structural units of ANA to engage in unit assessment to determine to what extent the goals and promises of the "merger" with NACGN have been achieved.
10. Would foster new membership, particularly among ethnic nurses of color.

In December 1976, the Commission on Human Rights sent a memo (Attachment 2) to ANA structural units and constituencies directing them to engage in a unit assessment based on the affirmative action model developed by the Affirmative Action Task Force. The commission indicated at this time that its 1978 convention program would be developed around the results of this unit assessment, and that it would recognize by award the structural unit and constituent association which had made the most progress in affirmative action.

Assistance was offered by the commission's staff to structural units and constituent associations. Staff met with the Council on Continuing Education, Congress for Nursing Practice, and the Commission on Nursing Education. The commission's staff met with the staff of the Commission on Nursing Services, and the

Divisions on Gerontological and Medical Surgical Nursing Practice. The commission's staff was placed on the agenda of other structural units but unable to interface with them because of the structural units time constraints. The chairperson of the commission, Ethelrine Shaw, answered questions regarding the unit assessment, and provided further clarification at the Committee of Chairpersons' meeting in February 1977.

Subsequent to the initial December 1976 memo concerning the unit assessment, three memos (Attachments 3A, 3B, 3C) went to structural units and constituent associations concerning the unit assessment. These memos offered additional assistance by staff, requested an interim report, and a final report to be used by the commission in evaluating affirmative action progress. Washington State Nurses Association and the Division on Psychiatric Mental Health Nursing were recognized as the constituent association and structural unit which had made the most progress in affirmative action during the 1976-1978 biennium.

In an effort to further carry out the intent of Dr. Dunklev's initial proposal, the commission requested (Attachment 4) and received funds from the ANA Board of Directors to hold a one-day workshop and luncheon in July 1977, in New York City, to pay tribute to those women who were officers of the National Association of Colored Graduate Nurses in 1951 when it was dissolved and became a part of ANA. The purpose of the meeting was to observe what had transpired in the area of affirmative action within ANA over the 26 years since the dissolution; what is currently under way within the organization; and what can be accomplished in the future (Attachment 5).

Each subsequent biennial unit assessment was conducted using a similar process to communicate with constituent and structural units.

During the 1978-1980 biennium, the task of evaluation and selection was made by a three-member committee appointed by the chairperson, Ethelrine Shaw, Ph.D., F.A.A.N.

This committee did the review of the materials submitted and recommended to the Commission on Human Rights the units within ANA which merited special recognition for their work.

The following pages synthesize all of the material reviewed by the committee. It is presented in the belief that there is much to be proud of within our association, and further, that it will be useful for such information to be shared in the hope that it may be helpful to others. Further, that while much has been done--there is much left to do!

Recognition Committee

Grace Sills, Ph.D., R.N., F.A.A.N.
Lorene Sanders Farris, M.S., R.N.
Marian Davis Whiteside, M.P.H., R.N., chairperson

CONSTITUENT ASSOCIATIONS

Twenty constituent state nurses' associations responded to the Commission on Human Rights' request. This is the largest number of associations responding since the request for affirmative action programming began in 1976.

The Oregon Nurses Association received the Commission on Human Rights' 1978-1980 Recognition Award for achievement in affirmative action programming and planning. Three states received honorable mention certificates: South Carolina, Washington State, and Florida.

Oregon began its efforts with a report to the Oregon Nurses Association House of Delegates which outlined the association's affirmative action philosophy and goals. The program was adopted. A number of workshops were sponsored by the Oregon Nurses Association. The focus was meeting the psychosocial needs of ethnic people of color: an extensive bibliography was developed for the workshops and is included in the affirmative action plan submitted.

Graphic presentations included census data, a comparison of Japanese-Americans' experiences in education, employment, income, and marriage. A very high percentage of Japanese males were educated, employed, earned average to above average salaries, were married and lived with their children and wife. Compared to other minorities in this geographical area, the data is significant and valuable in planning for meeting the needs of all minorities. Subsequent workshops centered around other identified needs.

Considerable efforts were made to increase minority membership and participation in the Oregon Nurses Association with success.

Oregon's affirmative action plan contained a clear analysis of the problems and issues faced by minorities in Oregon. A major problem was a lack of understanding for the ongoing activities of the association and the subsequent benefits.

The goals and objectives of the Oregon plan are related to the needs. The goals and timetables for success seem realistic and appropriate. The overall effort was outstanding. The attitude, approach, and intent are highly commendable.

The Commission on Human Rights plans to disseminate the unit assessment materials the constituents have been involved in to those states requesting additional guidance.

ANA STRUCTURAL UNITS

Thirteen ANA structural units responded to the Commission on Human Rights' request for self-assessment data. The Commission on Economic and General Welfare received recognition for its achievements in its 1978-1980 affirmative action programming. There was evidence of significant efforts to collaborate with other structural units thus increasing the base for total organizational action. This unit also developed positions on the Teachers Insurance and Annuity Association-College Retirement Equities Fund. The total legislative effort is commendable, especially in the Weber case.

The Commission on Human Rights is proud to disseminate the E & GW's affirmative action plan and process to other structural units upon request.

The following charts contain brief sketches of all of the affirmative action unit assessment programming received from structural units and constituent associations during the 1978-1980 biennium. It is presented here in order that structural units and constituent associations will have the opportunity to review what others are doing. The comments contained on the charts were written as a result of examining each unit assessment for its adherence to the affirmative action model, a systematic approach to affirmative action programming.

It is the intent and purpose of the Commission on Human Rights to solicit, interpret, and to disseminate the results of each participating association's affirmative action programming. To the extent that the information is coherent and complete, the Commission

on Human Rights is able to articulate these results to the membership. Each constituent association is encouraged to seek additional comment and counseling from staff with regard to a particular concern or problem.

The Commission on Human Rights is grateful for each response and your contribution to the success of our affirmative action efforts. We look forward to receiving your final reports for the 1980-1982 biennium and for your continued support of affirmative action programming.

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CONSTITUENT ASSOCIATIONS
1978-1980

State	Program/Activity	Description of Activity	Comments
California	Affirmative Action Committee	<ol style="list-style-type: none"> 1. Clearly stated goals and objectives 2. Time frame outlined 3. Implementation strategies described 4. Conferences and workshops geared to identify needs 5. Community service 	<ul style="list-style-type: none"> The overall approach is positive. Excellent plan Resources did not seem consistent with the plan Lack of membership interest seems to be a serious problem. This seems to be the problem that should be addressed. This would provide the "people power" needed to carry out the plan in its entirety. Frequent interim evaluations may prove helpful
Delaware	None	<ol style="list-style-type: none"> 1. Adopted resolution on affirmative action 2. Attended preliminary meeting of the Association of Affirmative Action officers (fee to join is \$5.00) 	<ul style="list-style-type: none"> Very good resolution that can be translated into goals and objectives

Philosophical

State	Program/Activity	Description of Activity	Comments
* Florida	Committee on Human Rights	<ol style="list-style-type: none"> 1. Survey of minority membership for number, educational achievements, and interest in nursing 2. Workshop on: "Self-Awareness-Values." Physical and cultural assessment 3. Positive recruitment and retention efforts 4. Listing of minority nursing groups (this is a vital activity.) 5. Developed 	<ul style="list-style-type: none"> . Excellent recruitment efforts . Real and critical problems cited . Indepth and honest analysis needed . Collaboration with other organizations seems vital, recognizing each for resources and limitations . Since education is a real issue and a human right, it has potential for solidarity . Ongoing effort in the area of recruitment is needed
* Honorable Mention			

Georgia	Georgia Human Rights Committee	<ol style="list-style-type: none"> 1. Formed in 1977 2. Has established goals 3. Working to establish data base 4. Has developed tool for survey 5. Has defined some programmatic activities 	<ul style="list-style-type: none"> . Developed a good approach toward analyzing issues and needs of minorities in this geographical area . Developed plans for coming year to establish goals, specific programmatic activities and an evaluation plan oriented to Georgia's need
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State	Program/Activity	Description of Activity	Comments
Hawaii	None (no mention of a formal Human Rights Committee)	<ol style="list-style-type: none"> 1. Supported adoption of a bill for recipients to monitor health services 2. Has representation on interdisciplinary committee (relates to legal and ethical issues of health care) 	<ul style="list-style-type: none"> . Good basic philosophy but needs analytical approach to problems and issues for minority nurses and consumers in geographic area . Needs specific programmatic activities, establishment of goals and timetables and specific objectives
Illinois	Commission on Human Rights	<ol style="list-style-type: none"> 1. Focus for this biennium revolves around affirmative action in nursing education at BSN level 2. Created information packets regarding nursing education and nursing as a career--included is emphasis on minority recruitment 3. Local student nurse associations participating in high school recruiting program 4. Three continuing education programs focus on biopsych aspects for ethnic minorities 	<ul style="list-style-type: none"> . Good positive approach toward analyzing issues and concerns of minority nurses and consumers in the geographical area . Needs a specific evaluation plan . Needs specific timetables . Request closer relationship with ANA Commission on Human Rights in the area of data collection

Philosophical

State	Program/Activity	Description of Activity	Comments
Kansas	No designated committee	<ol style="list-style-type: none"> 1. Has statement of "Equality of Employment Opportunity" in its personnel policies with states 2. Sees no real need--"We have not noted problems that have need of an action plan." 3. States employment policies will conform with state, local and federal laws 4. Works in various ways particularly in legislative area to improve opportunities for minorities 	<ul style="list-style-type: none"> . Good basic philosophy . Equal Opportunity policies statement includes handicapped . No analysis of issues and concerns of minority nurses and consumers . No stated goals, programmatic activities or evaluation plan
Massachusetts	None	<ol style="list-style-type: none"> 1. Has statement on Human Rights 2. Aware of problems of minority involvement 	<ul style="list-style-type: none"> . Needs to analyze issues and concerns, especially lack of minority involvement
Michigan	Committee on Human Rights	<ol style="list-style-type: none"> 1. Developed objectives and goals 2. Described human rights activities 3. Plan to develop a "resource kit" for minorities 4. Plan to develop a bibliography on ethnic health care 5. Published articles on disadvantaged health recipients 	<ul style="list-style-type: none"> . Good start toward analysis of issues and problems of minorities . Needs timetable . Needs evaluation plan . Needs more programs related to geographical area

State	Program/Activity	Description of Activity	Comments
Nevada	None	<ol style="list-style-type: none"> 1. None 2. Has basic philosophy of no discrimination in employment practices and membership 	<ul style="list-style-type: none"> . State's financial constraints limit efforts . Is Equal Opportunity Employer
New Jersey	No current committee (formerly Minority Group Caucus)	<ol style="list-style-type: none"> 1. None 	<ul style="list-style-type: none"> . "No need for a committee at this time"
North Carolina	Had affirmative action task force now called <u>Committee on Human Rights</u>	<ol style="list-style-type: none"> 1. Developed questionnaire to survey population 2. Has liaison representative with North Carolina Health Manpower Commission 3. Sent representative to CHR conference in Albuquerque, New Mexico 4. Plans to hold state convention forum 	<ul style="list-style-type: none"> . Good statement of goals and objectives . Has sound programmatic activities . Need more analysis of geographical problems of minorities
Oklahoma	None	<ol style="list-style-type: none"> 1. Has not been active this year 	<ul style="list-style-type: none"> . Request copies of work other state nurses' associations are doing

Philosophical

State	Program/Activity	Description of Activity	Comments
**Oregon	Committee on Human Rights	<ol style="list-style-type: none"> 1. Sponsored several workshops on cultural diversity to contribute to the development of a systematized body of knowledge to undergird nursing practice 2. Achieved a membership ration of ethnic nurses in the association, and serving on committees, at least equivalent to their availability in the labor market and the Oregon geographic area 3. Fostered the participation of ethnic nurses in policy formulation and action 4. Compiled survey data on ethnic nurses from schools of nursing and ONA districts 	<ul style="list-style-type: none"> . Excellent analysis of problems, and statement of goals and objectives . Clearly defined programmatic activities to achieve the above
** Recognition Award			

State	Program/Activity	Description of Activity	Comments
Pennsylvania	Commission on Human Rights	<ol style="list-style-type: none"> 1. Developed project to work with guidance counselors in recruitment--special emphasis on minority students 2. Seven workshops planned--focus is human rights 3. Minority nurse working in Government Relations 4. Plans to publish at least three articles relating to minorities 5. Informal sessions to identify barriers 6. Ad hoc groups to identify human rights issues 7. Board of Directors established Human Rights Awards 	<ul style="list-style-type: none"> . Excellent positive approach to analyzing the problems/concerns of minorities
Rhode Island	None	<ol style="list-style-type: none"> 1. None 2. <u>Questions the need for affirmative action programming</u> 	

Philosophical

State	Program/Activity	Description of Activity	Comments
* South Carolina	Human Rights Committee	<ol style="list-style-type: none"> 1. Supports legislative issues 2. Community service 3. Research project to explore recruitment progression and retention of minorities in nursing education in the state 	<ul style="list-style-type: none"> Excellent legislative activities Very good approach to addressing concerns of minority nurses in this geographical area (research project by SONA and Council on Continuing Education) Need to consider more effort toward establishing timetables More specific evaluation plan would assist
* Honorable Mention			

Tennessee	Commission on Human Rights	<ol style="list-style-type: none"> 1. Surveyed minority nurses 2. Presented continuing education programs and workshops 3. Increased significantly minority representation at state level, counsels and committees 	<ul style="list-style-type: none"> Has made significant progress in addressing the need for minority representation at state level Has moved from task force status to commission Needs to share survey tools with other state nurses' associations
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State	Program/Activity	Description of Activity	Comments
* Washington State	Minority Affairs Committee	<ol style="list-style-type: none"> 1. Survey--to determine employment status of minority nurses 2. Workshops: <ul style="list-style-type: none"> -Implementing quality care for ethnic people of color -Six regional conferences on families 3. Media coverage on life of Harriet Tubman and commemorative stamp 4. Continuing Education activities 5. Brochure to inform minorities 	<ul style="list-style-type: none"> Excellent, positive, forceful approach to affirmative action programming and planning All ongoing efforts are commendable Concentrate on data collection methods to expand scope and address the increasing health, social, and educational needs of minorities in the area Full participation is critical

* Honorable Mention

Wisconsin	No known committee or human rights activities	1. None	<ul style="list-style-type: none"> "WNA, Inc., has not been involved in an affirmative action unit assessment--has had many multiple internal changes Request CHR mailing
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Wyoming	None	1. None	<ul style="list-style-type: none"> Affirmative Action/Human Rights not seen as a priority Has large native American population
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Philosophical

ANA STRUCTURAL UNITS

Structural Unit	Program/Activity	Description of Activity	Comments
Division on Community Health	Unit Assessment of Affirmative Action	<ol style="list-style-type: none"> 1. Three minorities on executive committee 2. One minority on certification board 3. Sponsored program at 1979 clinical and scientific sessions regarding Native Americans 4. Has stated objectives for 1980-82 5. Supports federal funding for BSN and advanced education 	<ul style="list-style-type: none"> • Good positive human rights approach to resolving some of units needs in affirmative action programming • Timetable necessary
* Council on Continuing Education	Affirmative Action Programming	<ol style="list-style-type: none"> 1. Minority appointment to executive committee 2. Minorities nominated for executive committee 3. Conferences targeted minority concerns 4. Sponsored an ethnic festival 5. Plans to increase minority representation 6. Endorsed Universal Declaration of Human Rights 	<ul style="list-style-type: none"> • Received honorable mention certificate for efforts in the area of affirmative action programming

* Honorable Mention

Structural Unit	Program/Activity	Description of Activity	Comments
Council on Nursing Administration	None	<ol style="list-style-type: none"> 1. Supported nominations of minorities for executive committee 	<ul style="list-style-type: none"> • States basic philosophy on human rights
* Psychiatric and Mental Health Nursing	Affirmative Action Activities	<ol style="list-style-type: none"> 1. Elected a minority (male) executive committee and one female minority 2. Awarded a black nursing leader for distinguished service 3. Recognized and addressed needs of the consumers 4. Recognized needs of the handicapped 5. Presented testimony regarding underserved areas 6. Formed human subjects policy 7. Sent minority representative to scientific sessions and national conference on graduate education 8. Passed resolutions on mental health status of gay persons 9. Co-initiated activities on White House Conference on Aging 	<ul style="list-style-type: none"> • Excellent attitude awareness and approach to human rights concern in many segments of society • Received an honorable mention certificate for outstanding human rights efforts

* Honorable Mention

Philosophical

Structural Unit	Program/Activity	Description of Activity	Comments
Maternal and Child Health Nursing Practice	None	<ol style="list-style-type: none"> 1. Defined affirmative action principles as defined by Commission on Human Rights 2. Minorities are serving as liaison representatives to coalitions 3. Various publications developed this biennium address human rights/affirmative action principles 	<ul style="list-style-type: none"> Recognizes the need for specific affirmative action programming--has not achieved to date
Maternal and Child Health High-Risk Council	None	<ol style="list-style-type: none"> 1. Minority groups on council roster 2. Ethnic inclusion on certification examination 	<ul style="list-style-type: none"> Major concern is to promote improvement in quality of life for high risk perinatal families Expressed concern for financial outlay in area of recruitment

Structural Unit	Program/Activity	Description of Activity	Comments
** E & GW	E & GW's Commission's Affirmative Action Unit Assessment	<ol style="list-style-type: none"> 1. Supports affirmative action, i.e. Weber case 2. Legal intervention on nine separate occasions--sex discrimination cases 3. Instrumental in increasing pension benefits to females (TIAA-CREF) 4. Supported Equal Pay Act 5. Has position on employers against collective bargaining for R.N.'s 6. Has added minority (male) to E & GW unit 	<ul style="list-style-type: none"> Received recognition for outstanding efforts in the area of human rights/affirmative action
** Recognition Award			
Gerontological Nursing Practice	None	<ol style="list-style-type: none"> 1. Has appointed and elected officers who are minorities 2. Seeks names of minorities for appointment to offices 3. Sponsored a representative to CHR Conference, "Strategy for Change" in Albuquerque, New Mexico-1979 	<ul style="list-style-type: none"> Good but broad objectives Affirmative action activities ongoing and effective Needs evaluation plan Needs an indepth analysis of the problem of education for minorities in gerontological nursing

Philosophical

Structural Unit	Program/Activity	Description of Activity	Comments
Commission on Nursing Services	None	<ol style="list-style-type: none"> 1. Appointed two minority members to the commission 2. Has ongoing practice of seeking names of minority nurses for positions 3. Plans to develop a "minority resource file" 	<ul style="list-style-type: none"> . The ANA CNS feels greatest barrier to achieving affirmative action programming is a lack of data on minority nurses . Good suggestion made regarding the publication of a brochure listing states/structural units with viable affirmative action programming . Excellent request for more data on minority recruitment and retention from deans and directors of schools of nursing . A publication by ANA with data on schools with minority recruitment and special educational efforts is needed

Structural Unit	Program/Activity	Description of Activity	Comments
* Nursing Education	Commission on Nursing Education's Ad Hoc Committee on Unit Assessment	<ol style="list-style-type: none"> 1. Developed a framework for changes in the educational qualification for nurses 2. Developed liaison relationship with other commissions within the association to ensure minority input 3. Has formal statement of affirmative action needs and activities 	<ul style="list-style-type: none"> . An analysis of the problem is specifically stated . Goals and objectives are clear . A formal evaluation as well as timetables will add a great deal to the total effort . Received honorable mention for affirmative action efforts in one of the association's most critical areas of concern—educational qualification for nurses
* Honorable Mention			
Commission on Nursing Research	None	<ol style="list-style-type: none"> 1. Has minority representation 2. Does support research on cross cultural issues--this is seen as a priority 3. Makes special effort when making nominations to have proportionate minority representation 	<ul style="list-style-type: none"> . Some recognition of the problem of lack of minority representation . Needs a model for self-assessment based upon the model affirmative action plan

Philosophical

Structural Unit	Program/Activity	Description of Activity	Comments
Congress for Nursing Practice	None	1. Request listing of minority nurses	. Needs self-assessment based upon model affirmative action plan
ANA Board of Directors	Not defined	1. Plans to establish time-table next biennium 2. Has statement of short-term goals to be accomplished in 1982 3. Most significant of the short-term goals are: I-A "records will be developed...to reflect number of minorities nominated...and number appointed." III "The editorial staff... encouraged to publish articles that reflect contribution by outstanding minorities."	. Analysis of affirmative action efforts by ANA Board of Directors reveals progress in the area of employment . Appointed minority member to Credentialing Task Force . Total organizational approach and attitude commendable
Medical-Surgical Nursing	None	1. Surveyed Membership in 1978-80	. Requested CHR send names of minorities for possible appointment to offices

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2/1/82

Philosophical

States Not Responding
1978-1980

- | | |
|-------------------------|--------------------|
| 1. Alabama | 16. Mississippi |
| 2. Alaska | 17. Missouri |
| 3. Arizona | 18. Montana |
| 4. Colorado | 19. Nebraska |
| 5. Connecticut | 20. New Hampshire |
| 6. District of Columbia | 21. New York |
| 7. Guam | 22. North Dakota |
| 8. Idaho | 23. Ohio |
| 9. Indiana | 24. South Dakota |
| 10. Iowa | 25. Texas |
| 11. Kentucky | 26. Utah |
| 12. Louisiana | 27. Vermont |
| 13. Maine | 28. Virgin Islands |
| 14. Maryland | 29. Virginia |
| 15. Minnesota | 30. West Virginia |

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CONCLUSIONS

Those ANA structural units and constituent state associations which participated in the 1978-80 Affirmative Action Unit Assessment are making strong efforts toward integrating affirmative action into their programmatic activities. During the 1978-80, biennium, 13 ANA structural units (100 percent) reported their efforts to the Commission on Human Rights. This is an increase from the previous 1976-1978 biennium when 11 ANA structural units responded concerning their affirmative action efforts.

While there was a notable increase in the number of state associations reporting on human rights activities since 1973, it was still somewhat less than desirable. Twenty state associations (37.7 percent) reported on their affirmative action activities during the 1978-80 biennium; 14 state associations (26.4 percent) during the 1976-78 biennium; and only six state associations (11.3 percent) in 1973.

While the constituent participation was an increase over the initial biennium, it was still somewhat less than desirable. The Commission is aware of the financial constraints and manpower limitations which prevent a more active member participation. For this reason the ANA's Commission on Human Rights stands ready to offer strong support and guidance within our scope of operation.

One of the most positive outcomes from constituent participation is a library of excellent models which have been implemented and are working successfully which can be shared with other state and district nursing associations.

The Commission on Human Rights is optimistic about the future of affirmative action within ANA. With continued nurturing, affirmative action is becoming an integral part of the nursing profession.

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APPENDIX A

ANA ANNUAL REPORT TO ANA: REPORT ON ANA HUMAN RIGHTS ACTIVITIES AS OF MARCH 1973

This report is a subset of information received from state nurses' associations which was supplied by the SNA executive directors. Summarized here are specific data focusing on human rights activities. The data cover activities during the calendar year 1972 and plans for the forthcoming year as of March 1973. An annual report was received from each of the 53 constituents including the 50 states, the District of Columbia, Guam, and the Virgin Islands.

SNAs were asked to outline the activities and projects of the human rights committee for 1972. Only six states responded to the question on human rights activities:

- California stated that it had a Minority Group Task Force and that an Affirmative Action Committee had been authorized for 1973.
- Colorado plans to continue on its minority tutoring program.
- Illinois will investigate current needs for human relations workshops; will examine reports of discrimination and/or inequality in the delivery of health care, and will make recommendations for action and priorities to the Illinois Nurses' Association (INA) and INA Board.
- Ohio is planning an all-day education program, "Nursing Looks at Prejudice;" will assist with recruitment and retention of disadvantaged nursing students; and is publishing articles in *Ohio Nursing Review* on "Aging as a Human Right."
- Rhode Island mentioned that the committee will be meeting this spring to establish its goals.
- Washington has prepared an article for the state journal; works with the Breakthrough to Nursing project; and support for federal program for minorities.

Fourteen SNAs reported that the SNA had taken action to provide equal opportunity for members of minority groups to be admitted to nursing education programs. Of these the most frequently mentioned type of action was support for Project Breakthrough (42.9 percent). Other courses of action mentioned were planning for

APPENDIX B

ATTACHMENT #1

Preface: The information in this appendix and in Appendix C was obtained from two surveys conducted in order to determine ANA's program activities related to the minority nurse or the minority consumer.

AFFIRMATIVE ACTION SURVEY OF 13 ANA STRUCTURAL UNITS AS OF MARCH 1973

This report is a summary of information received from 13 ANA structural units. It was supplied by the chairman of the unit or the ANA staff to the unit. The data cover activities during the calendar year 1972 and plans for the forthcoming year as of March 1973. A report was received from the American Academy of Nursing, each of the four ANA commissions, four of the five divisions on nursing practice, and the Council of State Boards of Nursing.

These five questions were asked of each structural unit:

1. Identify specific ways used in determining needs, concerns, problems regarding minority nurses.
2. What did the unit determine to be the major areas of need relative to minority nurses?
3. Please list the unit's channels of communication with the minority nurse.
4. Briefly describe the specific activities advanced in your unit over the past year which focused on needs of minority nurses.
5. Briefly describe the specific activities projected for the coming year which focus on the needs of a) minority nurses and b) minority people.

Findings:

Less than 50 percent of the structural units surveyed identified specific ways used to determine needs, concerns, problems regarding minority nurses; what the unit determined to be the major areas of need relative to minority nurses; or the structural unit's channel of communication with the minority nurse.

Less than 50 percent of the structural units described any specific activities advanced in their structural unit over the past year which focused on needs of minority nurses.

Less than 50 percent described any specific activities projected for the coming year which focus on the needs of a) minority nurses or b) minority people.

American Nurses' Association
Affirmative Action Unit
September, 1972

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Attachment #2



Washington Office:
1030 15th Street, N.W.
Washington, D.C. 20005
(202) 296-8010

TO: All Structural Units and State Nurses' Associations

FROM: Commission on Human Rights

DATE: December 1, 1976

RE: Unit Assessment

The Commission on Human Rights will develop its programmatic activities at the 1978 Convention around a unit assessment of all structural units and SNAs. This unit assessment will be conducted to determine the extent to which the goals and promises of the integration of the National Association of Colored Graduate Nurses and ANA have been achieved.

This unit assessment should begin immediately, and be based on the model affirmative action plan developed by the Affirmative Action Task Force. In addition, those structural units which have developed standards are asked to evaluate them for the inclusion of human rights concerns.

The results of this unit assessment will be reported and shared with representatives of all structural units and SNAs at the ANA National Convention in Hawaii in 1978. The Commission will recognize by award, those units and states which have made the most progress in affirmative action during this period.

Cheryl Thompson, staff person for the Commission will be available to assist structural units and SNAs in implementing the affirmative action plan.

Rationale: It is the Commission on Human Rights' stated opinion that these programmatic activities:

1. Are in accordance with the function of the CHR to develop the means by which the Association can systematically focus on human rights as an integral component of comprehensive nursing care to all consumers.
2. Strengthen the ANA by implementing affirmative action throughout the organization.
3. Strengthen the ANA by improving the abilities of the organization to respond to the multipurpose interests and needs of the members.
4. Strengthen the profession of nursing by improving relationships with other organizations, professionals, consumers and the government.
5. Strengthen research and data gathering systems for the profession by expanding knowledge base for practice of nursing.
6. Produce papers for publication.
7. Acknowledge nurses' need for coordinated national action.
8. Enhance the association's ability to represent the profession to the public, the government and to other national organizations.
9. Would provide an opportunity for all structural units of the American Nurses' Association to engage in unit assessment in terms to what extent the goals and promises of the "merger" with NACGN have been achieved.
10. Would foster new membership, particularly among ethnic nurses of color.

Philosophical
Foundations

All Structural Units and State Nurses' Associations

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December 1, 1978

The purposes of the ANA are "...to foster high standards of nursing practice, promote the professional and educational advancement of nurses, and promote the welfare of nurses to the end that all people may have better nursing care. These purposes shall be unrestricted by considerations of nationality, race, creed, color or sex."

The ANA like many other American institutions, has the potential to participate quite energetically in the shaping of a future that is compatible with the historic ideals of American society.

The appropriate affirmative action role for every unit of ANA is not unlike that of other major institutions within America. It is a role of developing consistent, persevering, and systematic programs which contribute to building an open society.

It is recognized that all units function with a high degree of autonomy in determining their priorities for programming. The CHR believes that every unit of ANA can strengthen its current efforts and/or can initiate specific programmatic planning to operationalize the commitment which was made by adoption of the 1972 Resolution on Affirmative Action and in accord with the 1978 Association priorities.

The Affirmative Action Task Force has provided the nursing profession with a tool to implement systematic affirmative action programming. It is the belief of the CHR that this programming must be initiated by all structural units within ANA, to guide and set an example for our constituent associations.

The unit assessment conducted by each structural unit should be based on the model affirmative action plan:

1. Unit (self) assessment:

- What are the problems and issues for minority nurses relative to membership, elected or appointed offices?
- What is the unit's past and current activity in promoting affirmative action principles?
- What is the relevance of past and current programs for minority nurses?
- Other?

A unit assessment will give the unit an idea of where it presently stands with regard to affirmative action. It should enable the unit to see where it has been, in order to determine where it needs to go.

2. An analysis of minority nurse and consumer problems in:

- Recruitment and retention
- Utilization of minority nurses
- Health care for minorities
- Other

This analysis should be very specific dependent upon each particular situation.

3. Development of Objectives

- To promote the provision of comprehensive nursing care to American Indian, Asian, Black and Spanish speaking/surnamed clients.
- To provide systematic attention to the concerns of American Indian, Asian, Black and Spanish speaking/surnamed nurses.
- To contribute to the development of a systematized body of knowledge to undergird nursing practice by studying the biopsychosocial, cultural components of nursing care to American Indian, Asian, Black and Spanish speaking/surnamed people.
- To participate in the establishment of systems for the review, development and evaluation of standards for nursing education, practice and research which pertain to American Indian, Asian, Black and Spanish speaking/surnamed nurses.
- To participate in the development of guidelines to assure the use of affirmative action principles in educational and practice institutions.
- To develop and implement programs for maximizing the involvement of American Indian, Asian, Black and Spanish speaking/surnamed nurses in all units within the Association.

All Structural Units and State Nurses' Associations

-3-

December 1, 1978

- To advise and assist individuals and local units in articulating the American Indian, Asian, Black and Spanish speaking/surnamed nurses' viewpoint in all policies and programs.
- To formulate policy and recommend action regarding health issues that infringe upon American Indian, Asian, Black and Spanish speaking/surnamed people.
- To develop and maintain liaison relationship with, and serve as Association representative to other professional community groups on matters related to American Indian, Asian, Black and Spanish speaking/surnamed nurses and to the health of these target groups.

The objectives ensure that the needs of minority group persons are systematically assessed and that policies and programs are promoted which appreciate the achievements, problems and aspirations of all nurses in a culturally diverse society.

These broad comprehensive objectives should be reviewed with consideration given to their adaptation in whole by each unit of the Association. Each unit must make its own determination about which objectives it can realistically pursue.

4. The Establishment of Goals and Timetables

- The establishment of programs designed to improve nursing care of minority people.
- The development of mechanisms to insure that the unit obtains adequate feedback from minority nurses on the relevance of its programs.
- The stimulation of members' attention to the need for nursing research on minority health care by consistently including such content in all unit conferences.
- The sponsorship of educational activities designed to review and evaluate standards for nursing education as they relate to health care for minority people.
- The survey of schools of nursing and health care delivery systems to acquire a knowledge base as to the nature and existence of affirmative action plans in these institutions.

The CHR suggests that the 1978 Convention be used by each unit as one timetable. This would give the unit more than one year to realize its progress in some areas. It is important that units set goals which are realistic.

5. Determination of Programmatic Activities

- Select a health problem which disproportionately impacts on ethnic minority groups within your state and develop a systematic programming effort to intervene with this health problem.
- Conduct a project designed to assist ethnic minorities to enter and successfully complete a program of studying in nursing.
- Develop a project designed to attract minority licensed practical nurses (or licensed vocational nurses) into registered nursing careers.
- Conduct a study of the perceptions of minority nurses about the relevance of Association programs for minority concerns.
- Adopt an affirmative action resolution at a state convention as a reaffirmation of the 1972 resolution.
- Offer special incentives and rewards for district associations or structural units to promote affirmative action planning.
- Provide educational forums, workshops, seminars, conferences designed to inform nurses of the importance of affirmative action planning in their own institutions.
- Sponsor a series of educational programs designed to explicate the bio-psychosocial, cultural dimensions of nursing care for ethnic minorities.

December 1, 1976

- i. Conduct a study of the opinions and perceptions of minority consumers about the quality of health care services in a given geographical area.
- j. Participate in a network of agencies and organizations interested in the delivery of health care to minority people.
- k. Provide consultative and technical assistance to nursing education and service institutions in developing their affirmative action plans.
- l. Other?

The above are possible programmatic activities. Initiation of activity in any one area will be a function of a unit's assessment of itself and the objectives and goals adopted. Some activities may be more appropriate than others. Any of these activities may be pursued independently or cosponsored with another unit.

6. Evaluation—Does the plan include:

- a. A clear statement of intent to pursue affirmative action planning?
- b. A specification of the person(s) who have responsibility for implementation, monitoring and dissemination of the plan?
- c. An evaluation of the assets and limitations of previous policies and programs regarding minority nurses and consumers?
- d. The utilization of minority nurses and/or consumers in the development of the plan?
- e. An analysis of the membership of the state association, i.e., a profile of the members by race and positions held?
- f. An analysis of the state's problems and issues surrounding the numbers and utilization of minority nurses?
- g. An analysis of the major health problems affecting ethnic minorities within the state which will be addressed?
- h. The establishment of goals for the unit which include timetables for their accomplishment?
- i. The utilization of minority nurses and/or consumers in the continual evaluation and/or upgrading of policy and programs?

In operationalizing the plan, it is extremely important that all steps of the plan are utilized. In addition to this, accountability must exist. There should be specification of the responsibilities of all persons or groups involved in its implementation. Also, affirmative action plans must require some action that has not heretofore taken place.

The job of transforming America into an open society, peacefully and with justice for all citizens, will require a commitment far beyond any in our history. The first step must be a clear statement of national purpose to tell the world that we are mobilizing all elements of American life. Secondly, there must be public and private programs on an unprecedented scale, aimed at ending poverty and rebuilding urban life. The third step must be a clearly defined timetable tied to these programs . . . Part of the reason for the rising frustrations of recent years was the failure to join announced goals to timetables, so that people could measure performance against promise.

Every unit of the American Nurses' Association has the responsibility and capability of contributing to an open society, a pluralistic society in which the rights of all racial groups are affirmed.

In accord with the 1976-78 Association priorities, the Commission believes the Association's role in affirmative action can be strengthened substantially. The model affirmative action plan presented here is, indeed, derived from ideals which all units may not share. Hopefully, however, each structural unit and state association will provide the necessary leadership for programming. Such leadership should result in every level of the Association proceeding quickly and decisively in implementing a sound affirmative action program tailored to its own resources and a high level of commitment.

American Nurses' Association, Inc.

2420 Pershing Road, Kansas City, Missouri 64108

Ann Zimmerman, R.N.
President

(816) 474-5720

Margaret F. Carroll, R.N.
Acting Executive Director

Attachment #3A

Washington Office
1000 Potomac Street, N.W.
Washington, D.C. 20001
(202) 462-1000

TO: Board of Directors
Chairpersons and Staff:

Executive Committees of Commissions
Executive Committees of Divisions on Practice
Executive Committees of Councils

FROM: Cheryl D. Thompson, Coordinator, Commission on Human Rights

DATE: January 18, 1977

As you plan the meetings of your structural units in 1977, I am available to assist you in implementing the unit assessment that the Commission on Human Rights has requested you to do. Please notify me of the dates of your next meeting if my assistance is needed.

The Commission would like to obtain from each structural unit a list of those members who are ethnic people of color. The Commission would like this information for statistical purposes and it is not available through our Statistics Department. The Association has been asked to present funding agencies with this data for the purpose of evaluating programs, and the Commission needs this information to evaluate the affirmative action progress of the Association.

CDT:jlm

cc: Deputy Executive Directors

American Nurses' Association, Inc.

2420 Pershing Road, Kansas City, Missouri 64108

(816) 474-5720

Anne Zimmerman, R.N.
President

Margaret F. Carroll, R.N.
Acting Executive Director

Attachment #3B

Washington Office:
1030 15th Street, N.W.
Washington, D.C. 20005
(202) 296-8010

TO: Board of Directors
Chairpersons and Staff:

Executive Committees of Commissions
Executive Committees of Divisions on Practice
Executive Committees of Councils

Executive Directors, State Nurses' Associations

FROM: Ethelrine Shaw, Chairperson
Commission on Human Rights

DATE: September 9, 1977

The Commission on Human Rights would like to receive from each structural unit and state association, a short progress report on its on-going unit assessment. Please send a summary of your affirmative action progress to Cheryl D. Thompson, Coordinator, Commission on Human Rights, 2420 Pershing Road, Kansas City, Missouri 64108, at your earliest convenience.

The Commission will be requesting a more detailed report of your affirmative action programming activities in March, 1978. The March report will enable the Commission to determine which structural units and state associations have made the most progress in affirmative action, and the role they will play in the Commission's 1978 programmatic activities.

If you are experiencing any difficulty in implementing the affirmative action model, please contact Ms. Thompson's office for assistance.

ES:COT:jlm

American Nurses' Association, Inc.

2420 Pershing Road, Kansas City, Missouri 64108

(816) 474-5720

Anne Zimmerman, R.N.
President

Myrtle K. Aydelotte, Ph.D., R.N., FAAN
Executive Director

Attachment #3C

Washington Office:
1030 15th Street, N.W.
Washington, D.C. 20005
(202) 296-8010

TO: Board of Directors
Chairpersons and Staff:

Commissions
Executive Committees of Divisions on Practice
Executive Committees of Councils

Executive Directors, State Nurses' Associations

FROM: Ethelrine Shaw, Chairperson
Commission on Human Rights

DATE: January 27, 1978

The Commission on Human Rights would like to receive from each structural unit and state association, the final progress report on its ongoing unit assessment. This report will enable the Commission to determine which structural units and state associations have made the most progress in affirmative action, and the role they will play in the Commission's 1978 Convention programmatic activities.

Please send a report of your affirmative action progress to Cheryl D. Thompson, Coordinator, Commission on Human Rights, 2420 Pershing Road, Kansas City, Missouri 64108 prior to February 23, 1978. If you have recently submitted this information, thank you for your cooperation.

ES:COT:jlm

Attachment #4

Agenda Item #
Board Action Required on
One Recommendation

AMERICAN NURSES' ASSOCIATION

COMMISSION ON HUMAN RIGHTS

FEBRUARY 1977

Recommendation 1:

That the sum of \$5,000 be authorized in the 1977 budget, for an event commemorating the dissolution of the National Association of Colored Graduate Nurses.

COT:jlm
2/14/77

Attachment #5

For Board Information

AMERICAN NURSES' ASSOCIATION

COMMISSION ON HUMAN RIGHTS

SEPTEMBER 1977

The Commission on Human Rights planned a luncheon and one day workshop, Thursday and Friday, July 14-15, at the New York Sheraton in New York City to commemorate the dissolution of the National Association of Colored Graduate Nurses.

On Wednesday evening, July 13, New York City experienced a power failure which necessitated cancellation of the Thursday luncheon. Power was restored to the New York Sheraton on Thursday evening and the Commission established an alternate plan. An abbreviated workshop was held Friday morning, immediately followed by a luncheon program.

The honored guests at the luncheon were prominent black nursing leaders who were active in the merger of the NACGN into the American Nurses' Association. These women were: Verdelle Bellamy who was appointed to the Georgia Board of Nursing by the Governor; Leota Brown, associated with the New York Department of Health for over 20 years; Marguerette Creth Jackson, former President of NACGN; Alma V. John, New York City radio and television personality; Mabel C. Northcross, 1952 Mary Mahoney Award recipient; Estelle Massey Osborne, 1948-52 member of ANA Board of Directors; and Mabel K. Staupers, author of No Time for Prejudice, the history of NACGN and recipient of the NAACP Spingarn Award.

Special recognition was extended to Elizabeth Porter, ANA President from 1950-54, and Ella Best, ANA Executive Director from 1948-56, for their efforts in the realization of the dissolution of NACGN. Both women were unable to attend because of their health.

President Zimmerman saluted all minorities in ANA for their service and dedication to health care, and presented plaques of appreciation from the Commission to the honorees.

Approximately 75 people attended the workshop and 105 people attended the luncheon. Prior to the power failure, 160 pre-paid luncheon reservations had been received.

The following representatives from state and district associations, and structural units were in attendance: Annie Lawrence, Illinois Nurses' Association; Theresa Dixon, Michigan Nurses' Association; Sylvia Edge, New Jersey State Nurses Association; Charles Hargett, District 13, New York State Nurses' Association; Joan T. Large, Pennsylvania Nurses Association; Dr. Laurie Gunter, Gerontological Nursing Practice Department; Lovetta Smith, Psychiatric and Mental Health Nursing Practice Department; and Fay Wilson, Commission on Nursing Education.

Philosophical

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References

1. Affirmative Action Programming for the Nursing Profession,
ANA publication: M-235M 11/75.
2. Ibid

American Nurses' Association, Inc
2420 Pershing Road, Kansas City, Missouri 64108
(816) 474-5721

Eunice R. Cole, R.N.
President

Judith A. Ryan, Ph.D., R.N.
Executive Director

TO: Juanita K. Hunter, Ed.D., R.N.
Chairperson, Cabinet on Human Rights

FROM: Eunice R. Cole, B.S.N., R.N.
President

DATE: January 8, 1985

RE: ANA Board of Directors Meeting, December 1984

The ANA Board of Directors met December 12-14, 1984, and received the report of the Cabinet on Human Rights.

The board was pleased to learn the cabinet is collecting information about human rights organizations and their activities which will assist the cabinet in framing a proposal for criteria and scope of ANA activities in international human rights. The board looks forward to a report at the March 1985 Board of Directors meeting.

The Board Committee on Unit Assessment/Affirmative Action reported to the board concerning the request of the Cabinet on Human Rights on how information from the Affirmative Action Record Keeping Form would be used. Data collected from the form will indicate trends in affirmative action across the association. This aggregate data will be shared with the cabinet at periodic intervals.

On behalf of the ANA Board of Directors, I want to thank Jim Welch, R.N., for the report he presented to the board and express the board's sympathy to you for your recent loss.

ERC:KS:njh

cc: Lyndall D. Eddy, M.P.A., R.N.
Director
Policy Development and Strategic Planning

Karen S. Tucker
Coordinator
Governance Support Services

CABINET ON HUMAN RIGHTS
JANUARY 16-18, 1985
AGENDA ITEM 3.1
ATTACHMENT 3
TAB NO. 14

Washington, D.C. 20005
(202) 789-1800

Agencies reviewing guidelines against job discrimination

The New York Times

WASHINGTON — Federal officials have begun an extensive review of whether to change the guidelines used to detect patterns of discrimination in employment against blacks, women and Hispanic Americans.

Business groups support the effort to change the rules, and civil rights groups oppose it, for similar reasons: They think that the changes would make it easier, in enforcement proceedings, for employers to defend the proportion of women or members of minority groups in the work force at factories, offices or other places.

Officials of the Equal Employment Opportunity Commission, the U.S. Commission on Civil Rights, the Federal Office of Personnel Management and the Justice Department are reviewing the guidelines. They apply to all public and private employers with 15 or more workers.

Clarence Thomas, chairman of the Equal Employment Opportunity Commission, said he had serious reservations about the existing guidelines because they encouraged too much reliance on statistical disparities as evidence of job discrimination.

Civil rights groups, which say they see no reason to alter the rules, say the changes contemplated by the Reagan administration would make it more difficult for women and members of minority groups to prove discrimination.

The rules, the Uniform Guidelines on Employee Selection Procedures, were issued in 1978. Courts defer to the guidelines as an authoritative interpretation of the Civil Rights Act of 1964, the basic statute prohibiting job discrimination.

The rules could be changed by the

Equal Employment Opportunity Commission. No action by Congress would be required.

The basic principle of the existing guidelines is that any test or selection procedure that has an "adverse impact" on a particular race, sex or ethnic group is illegal unless it can be justified on the basis of "business necessity." A procedure having an adverse impact "constitutes discrimination unless justified," the guidelines say.

The guidelines apply to "all selection procedures used to make employment decisions," including interviews, applications, physical requirements and performance evaluations. They apply to decisions about hiring, promotion, transfer and dismissal.

The guidelines say that federal agencies will generally be guided by the "80 percent rule."

Under the guidelines, if the selection rate for blacks is less than 80 percent of the rate for whites, that is taken as evidence of adverse effect and may justify further investigation by the government. The same would be true if the selection rate for women was less than 80 percent of that for men.

If, for example, 80 whites applied for a job and 48 were chosen, the selection rate would be 60 percent. If 40 blacks applied and 12 were hired, their selection rate would be 30 per-

cent. Because the selection rate for blacks is half that for whites, there is evidence of adverse impact. To reach 80 percent of the rate for whites selected, the employer would have to hire 20 of the 40 blacks.

The employer could, for example, try to explain the disparity by arguing that most of the black applicants are still in school and too young to be hired.

In an interview, Mr. Thomas, the chairman of the equal employment commission, said the review of the guidelines was "the No. 1 item on my agenda."

"We at the commission have applied the 80 percent rule too rigidly, too inflexibly," Mr. Thomas said, "and we have an obligation to go back and correct it."

He said the agency had relied too heavily on statistics in investigations initiated by the commission itself and in its review of complaints filed by individuals. For example, he said, a case filed by the commission in 1979 against Sears, Roebuck and Co., still pending in a federal court, "relies almost exclusively on statistics" to show discrimination against women.

He and some business organizations have said that the 80 percent rule was intended merely as a guide but that it has been applied as a rigid standard.

"If a predominantly white college, such as Georgetown University, has a black basketball team, you can't automatically assume that there was discrimination against whites," Mr. Thomas said.

Reliance on statistics

Since he took office in May 1982, Mr. Thomas said, he has been troubled by the use of statistics in 50 to 100 cases.

"It's not that statistics are bad," Mr. Thomas said, "but they have been terribly overused. Every time there is a statistical disparity, it is presumed there is discrimination." In fact, he said, the disparity is often explained by such factors as culture, educational levels, previous events or commuting patterns.

Civil rights groups said courts had usually insisted on further evidence to show that statistical disparities were substantial and real, not random or accidental, before deciding whether an adverse effect existed.

Linda Chavez, staff director of the

Civil Rights Commission, said the guidelines needed to be changed because they put pressure on employers "to eliminate valid tests in favor of quota selection."

She said "the guidelines actually handicap the employer searching for qualified individuals by forcing him to think in terms of race."

The use and misuse of racial statistics has become a primary issue in civil rights debates. In a recent book, economist Thomas Sowell condemned the notion that "statistical disparities imply discrimination." In fact, he said, such disparities are "commonplace among human beings" for "many historical and cultural reasons."

Mr. Thomas said he did not flatly oppose all uses of statistical evidence. But he said there should be less reliance on statistics and more use of other forms of evidence based on actual conduct, such as oral testimony from witnesses telling what had happened to them. Other acceptable evidence, he said, would include a company's statements of hiring policy or height and weight requirements that excluded women.

Business groups have said the guidelines have forced employers to spend millions of dollars to have tests and other selection procedures validated to prove that they help predict a person's performance of a particular job. The Equal Employment Advisory Council, a coalition of 180 big companies, said this requirement imposed "excessive costs" on employers without expanding opportunities for women or members of minority groups.

CABINET ON HUMAN RIGHTS
JANUARY 16-18, 1985
AGENDA ITEM 2.5
ATTACHMENT 2
TAB NO. 10

Rating job applicants

In addition, companies contend that the guidelines have hampered productivity by discouraging the use of tests and making it more difficult for them to identify the best-qualified applicants.

Supporting this argument, Frank L. Schmidt, a research psychologist at the Federal Office of Personnel Management, said: "A major reason for the marked decline in U.S. productivity growth in the last few years is the decline in the accuracy with which employers have been sorting people into jobs. This decline in accuracy is caused by substantial reductions in the use of valid job aptitude tests."

Mr. Schmidt said the federal guidelines incorporated many "false theories" about industrial psychology and

the cultural bias of tests.

"The theories may have been plausible in 1978 but have since been discredited," he said.

A scientific committee of the American Psychological Association has called for revision of the guidelines, saying they did not reflect the latest research on psychological testing.

Professor Wayne F. Cascio, a psychologist at the University of Colorado, said the guidelines now require that each of two cities using the same test to select bus drivers must do separate studies to show the test accurately forecasts job performance. Recent research, he said, indicates that only one study is needed if the jobs in the two cities are similar.

Civil rights stance

Civil rights groups have said the type of changes contemplated by the administration would reverse two decades of progress toward greater employment opportunities for women and minorities.

Richard T. Seymour, of the Lawyers Committee for Civil Rights Under Law, said: "The review of the guidelines is undesirable and unnecessary and will sow a lot of needless confusion. The administration is wasting its energies pursuing far-fetched ideas without much basis in law or reality. The attack on testing standards and the use of statistics seeks to overturn 20 years of policy positions accepted by two Republican and two Democratic administrations, by the courts and by Congress."

Barry L. Goldstein, a lawyer at the Legal Defense and Educational Fund Inc. of the National Association for the Advancement of Colored People, said statistical evidence was essential in many job discrimination cases. Moreover, he said, "there is no basis for questioning its use."

Tony E. Gallegos, a member of the Equal Employment Opportunity Commission, said the guidelines could be made more understandable and "less burdensome for employers."

Another commissioner, Fred W. Alvarez, said the guidelines were so complex that only "a wizard on psychology and statistics" could understand them.

In recent years, the commission has sought to remedy civil rights violations by encouraging employers to set numerical goals and timetables for hiring black, female and Hispanic workers.

AGENDA ITEM 2.3
STAFF REPORT
ATTACHMENT 2
TAB 8

AMERICAN NURSES' ASSOCIATION

Report of Cabinet on Human Rights to the ANA Board of Directors December 1984

The Cabinet on Human Rights held one meeting since the 1984 House of Delegates. In response to the house resolution on El Salvador, the cabinet is currently collecting information about human rights organizations and their activities that will assist the cabinet in framing a proposal for criteria and scope of ANA activities in international human rights to report to the board in March 1985.

The house report on Commitment and Action on Human Rights has stimulated extensive discussion and planning toward implementation. The cabinet forwarded a request to the Committee on Bylaws recommending that bylaws language be added that ANA members provide for human rights and affirmative action programming.

This fall a small task force met to deal with developing resources to support affirmative action. One outcome of that meeting is a plan to collect and/or expand the data about minority nursing in education, services, and the professional association. The cabinet will receive a report from this committee at its January 1985 meeting. The Honorary Awards Committee this month will consider a proposal from the cabinet for a national Human Rights Award to recognize an individual or group of individuals who have made significant contributions toward protecting or improving conditions which directly affect the restoration or establishment of individual human rights. The cabinet believes such an award would clearly establish ANA's commitment to human rights and would exemplify the essence of nursing's philosophy about mankind.

At this time the cabinet does not anticipate a report with recommendations to the 1985 House of Delegates but will make a final determination in this matter at its January 1985 meeting.

LDE:MW:50
12/11/84

AMERICAN NURSES' ASSOCIATION

COMMISSION ON HUMAN RIGHTS

FORWARD PLAN

In its continuing effort to establish the scope of the ANA's responsibility for addressing and responding to the equal opportunity and human rights concerns of nurses and health care recipients, with a major focus on ethnic people of color, the Commission on Human Rights evaluates national, social, economic, scientific, and education changes to determine their implication for the health and welfare of minority groups and consumers, to develop the means by which the association can systematically focus on human rights as an integral component of comprehensive care to all consumers and in educational and employment situations for all nurses.

The commission believes that, 1) a specific body of knowledge about ethnic people of color exist; 2) increased knowledge about, and sensitivity to ethnic people of color will dramatically affect the quality of nursing care delivered and; 3) the participation of consumers must be evident in the determination of the nursing and health care needs of ethnic people of color. The commission believes that affirmative action programming is a positive, continuing effort that is directed toward achieving results and specifically designed to transcendent neutrality. Not merely non-discriminatory programming, it vigorously works to correct past inequities at all levels of an organization.

In order to facilitate its responsibilities, several kinds of programmatic activities have been developed by the commission. These activities are designed to identify the existing knowledge (data base), identify research directions for adding to that data base, assess the quality of care currently being delivered to ethnic people of color, identify the barriers which exist for ethnic people of color in obtaining safe quality care, develop human right standards and a model of care specifically related to delivering care to minority people, develop demonstration projects which adhere to the standards, and plan for the incorporation of such proven standards into all educational and practice settings through association policies, programs, and activities.

Specific programmatic activities designed to identify and increase the knowledge base include:

Forward Plan

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May 29, 1979

I. DATA BASE

WHAT	HOW	WHEN
1. Review of relevant literature		
A. Search and monitoring of proceedings from ANA & NLN conferences	Annotated bibliography ANA library staff to search?	On going
i.e. 1. Health care relevant to ethnic people of color		
2. Legislation		
B. Papers developed	Prepared for commission with specific focus	1977-1978
1. Presentation of papers		
2. Publishing of papers		
3. Taping of papers		
2. Human Rights Standards Existing Standards	Reviewed	1976
3. ANA Minority Doctoral Fellowship Program	Maintain close linkage with director of program	Current and ongoing
4. Credentialing Study Bibliography	Search of literature by credentialing committee	1966 - January 1979
5. Regional Hearings	Consumers and providers to give testimony	Yearly Southwest - Native American 1979 Northeast - Industrial 1980 Detroit - Black 1981 South - Poor 1982
6. State of Minority Nurse	Obtain information on minority nurses from Dr. Audrey Burgess - Nashville Entry into practice statement as it affects ethnic people of color	1979 To be presented at 1979 Committee of Chairpersons Meeting

Philosophical
statements
C.H.R.

May 29, 1979

WHAT	HOW	WHEN
7. Intraorganizational Linkage	Interface with commissions on education and research about areas of mutual concern	Ongoing
8. Extraorganizational Linkage	Interface with health related organizations. (National Institute of Mental Health, COSSMO)	Ongoing
PROGRAMMATIC IMPLEMENTATION		
1. Analysis of Literature	Director/Commission on Nursing Research Explore possibility of above writing proposal for funding through ANA in order to hire staff for this task	Immediately and through 1979
a. Papers prepared for commission b. Standards c. Minority fellow dissertation d. Credentialing	Review of literature	
2. Hearings (data base)	Collect testimonies which address legislative issues and education programs. Share results of hearings with Urban League and other groups.	Present through 1982, generate new information and disseminate
3. Analytic Integration of Total Data Base	Revision and dissemination of information. Future program planning with structural units and external organizations i.e. Council of Intercultural Nurses	Present through 1982
4. Develop Human Rights Standards in Model of Care	Test what exist	
a. Review standards of ANA structural units		Ongoing

May 29, 1979

WHAT	HOW	WHEN
b. Demonstration project (High priority)	Collaborate with state or hospital unit in 4 - 5 cities Tie in credentialing	Start 1980
c. Testability		
d. Incorporate holistic proposed		
5. Baccalaureate Scholarship Program - Position Statement Concerning Commissions stand on Entry Into Practice	Subcommittee for B.S. Program	Early 1979 (1 - 2 Months)
6. Legislative Liaison With Washington Office Baake NIMH Money Veto Nurse Training Act	Commission to interface with Washington office	Ongoing

CDT/1s
5/29/79Philosophy
statements
CHC

American Nurses' Association, Inc.

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AGENDA ITEM VII-A



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AFFIRMATIVE ACTION

Affirmative Action programming is a positive, continuing effort that is directed toward achieving results and specifically designed to transcend neutrality. Not merely non-discriminatory programming, it vigorously works to correct past inequities at all levels of an organization.

A. Affirmative Action for Non-Discrimination

Affirmative Action for non-discrimination is the elimination of discrimination on the grounds of race, color, or national origin against persons who are the actual or potential recipients of the service of, or who are actual or potential participants in, a given organization or institution.

B. Affirmative Action for Equal Employment Opportunity

Affirmative action for equal employment opportunity is the elimination of discrimination against minorities and others previously treated unfairly by the employment policies and practices of a given organization or institution.

C. Affirmative Action for Social Change

The elimination of the widest range of ways that discrimination may be practiced by an organization or institution.

In its broadest sense, the term "affirmative action" refers to all those actions designed to promote the standards of a pluralistic, multi-racial society in which no group (racial, sexual, religious, and so on) is treated inequitably. There is, of course, no one law which undergirds such affirmative action planning. Rather, such plans derive their form and function from both the current laws which aim to prevent discrimination and a system of values important to the affirmation of the human rights of every segment of society. Such planning takes the law one step further and asserts that the social order itself is the target. Systemic discrimination within a given institution is assessed, and, given the nature of the institution's mission, a plan is designed to focus the institution's energies on the nature of its commitment to and its role in promoting a pluralistic, multi-racial society.

Minority Membership Figures as of December 1976

Black—6,262	Chinese—418
Spanish—791	Filipino—1,542
American Indian—275	Hawaiian—58
Japanese—1,054	Other—460

40,000 ANA members did not identify themselves as belonging to any racial/ethnic group.

COMMISSION ON HUMAN RIGHTS POSITION STATEMENT BAKKE VS. UNIVERSITY OF CALIFORNIA AT DAVIS

One of the philosophical assumptions under which the Commission on Human Rights has developed its purpose and functions is the belief in redress of inequities in the preparation of people of color in the field of nursing. This belief extends to the preparation of applicants for other health professions including the field of medicine.

In the current case of *Bakke vs. the Regents of the University of California*, Allan Bakke, a Caucasian, was denied admission to the University's medical school in 1973 and 1974. Mr. Bakke had also applied to twelve other medical schools. There were 2,644 applicants for the 1973 entering class and 3,737 for the 1974 class. Only 100 places were available for each year, sixteen of which are filled under the special admission program under dispute. The special admission program was instituted by the University in 1969. The intent of the special admissions program is to overcome the continuing effect of past discrimination. The medical school did not accept, in 1973 or in 1974, all minority students who applied for admission. All students admitted to the program were found qualified by the same admissions committee that passed on other applicants. The basis for differential treatment, which was accorded to minority applicants, was the school's determination that its traditional criteria were culturally biased against minorities.

The Supreme Court of the State of California, in a 6-1 decision, held that the special admissions program administered

by the University violates the constitutional rights of non-minority applicants because it affords preference on the basis of race to persons who, by the University's standards, are not as qualified for the study of medicine as nonminority applicants denied admission. The case is now before the U.S. Supreme Court.

The Commission on Human Rights believes in the redress of inequities by the implementation of affirmative action programs within the fields of nursing, medicine, and allied health. Inequalities in educational preparation of persons of color requires remedial action as well as goal directed behavior. "Affirmative action programming is a positive, continuing effort that is directed toward achieving results and specifically designed to transcend neutrality. Not merely non-discriminatory programming, it vigorously works to correct past inequities..."¹

Therefore, the Commission on Human Rights is asking that the American Nurses Association file an amicus curiae brief with the Supreme Court regarding the Bakke case.

¹Janice E. Ruffin, Affirmative Action Programming for the Nursing Profession Through the American Nurses' Association (Kansas City, Mo.: American Nurses' Association, 1975), 3.

Adopted June 1978
Commission on Human Rights

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STATEMENT ON THE NEED FOR AND THE USE OF ETHNIC/MINORITY
DATA FROM THE COMMISSION ON HUMAN RIGHTS

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It is recognized that in the past it might have been true that data so collected could have been used in less than desirable ways. What now seems to be true is that where there exists serious gaps in such data, it creates the very great possibility that less than accurate explanations may be generated and that less than the best decisions will then be made.

The Commission on Human Rights believes that humanistic values can be supported by science. The CHR therefore strongly urges the membership of ANA to choose to provide the statistical information requested on the various forms. The CHR further acknowledges that some choice may be exercised by individuals in consideration of their own security and their own values.

The Commission on Human Rights trusts, however, that the selection to increase our knowledge will lead to greater possibilities to enrich our lives in whatever ways that knowledge and our experience can lead us.

Further, the CHR pledges it will attempt to a) carefully monitor the uses of the data; and b) to insure that the ends to which such data are applied are consistent with the stated purposes of ANA and the CHR.

Adopted November 1976
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PHILOSOPHICAL ASSUMPTIONS OF THE
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We believe that justice is a cardinal concept which guides the nursing profession in the provision of human services. Justice mandates that all persons in need of nursing services receive services that are equitable in terms of accessibility, availability and quality. Therefore, the Commission is committed to actions which will improve accessibility to health and nursing services for all people and which subsequently will insure quality of such services; identification of barriers to accessibility, availability and quality nursing service with particular focus on those people who have been denied those services in the past; development and implementation of strategies for minimizing or eliminating the barriers to nursing services; and evaluation of such strategies and programs.

We believe further, that justice requires that the differences among persons and groups are to be valued. When those differences contribute to the unequal distribution of the quality and quantity of nursing and health care, then remedial actions are obligated. Such remedial actions include, but would not be necessarily limited to, persons of color. For the liberation of any person from inequities contributes to the freedom of all persons.

We believe justice also requires redress of inequities in the preparation of applicants to the field of nursing. All aspirants should have equal opportunity for admission, retention and graduation from educational programs. Inequities of the past with regard to persons of color may require active recruitment and remedial educational programs as acts of faith.

With a major focus on the ethnic people of color, we believe that justice requires knowledge about cultural diversity and value systems. Knowledge of consequent health behavior which respects and utilizes these value systems must become mandatory for all nurses. We further believe that standards must be developed which require the respect for, and application of this knowledge in the modification of nursing actions to insure quality nursing care for consumers.

Adopted October 1977
Commission on Human Rights

Philosophical
statements

COMMISSION ON HUMAN RIGHTS POSITION STATEMENT

This statement is presented to make explicit some of the issues which the Commission deems major and what it believes should be done about them. We believe it is incumbent upon the membership of the American Nurses' Association and the National League for Nursing to take the responsibility to develop meaningful and adequate programs, and work toward the achievement of human rights' goals. The ANA and NLN must be responsive to professional needs consistent with the standards of a pluralistic society.

With recent societal changes there continue to be inequities that the potential minority nurse faces. These issues related to human and civil rights for all nurses and consumers of nursing services continue to meet our focus as Americans of democratic ideals. Achieving equality of economic opportunity for all nurses remains a concern. Achieving quality nursing care for all consumers is likewise a concern.

One of the crucial issues is the narrow point through which minorities often enter nursing—the non-baccalaureate programs. A disproportionately high number of minority persons are counseled into Licensed Practical Nurse programs and Associate Degree programs. Much evidence exists to substantiate the fact that improper guidance, lack of knowledge and lack of role-models perpetuates the minority group nurse's entry into the health care delivery system at the practical nurse and other non-baccalaureate degree levels. As a consequence, the minority group nurse occupies the lower echelons of nursing. From this position, upward mobility at best is exceedingly difficult.

Members of minority groups who are elected or appointed officers and delegates of the major nursing organizations remain at the token level. The limited representation by minority nurses before legislative bodies often prevails, even when the issue addressed is about the education or delivery of health care to minority group persons. This perpetuates the exclusion of the representation of minority nurses at the decision and policy making levels.

The scientific and social contributions minority nurses have made to nursing and the welfare of the community are omitted in written histories of nursing. Research about minorities is sparse, but it continues with little minority input. The members of the Commission believe that:

- a. Adequate and equitable care to all persons is vested with the entire profession of nursing.
- b. That there is need for inclusion within all nursing education programs content which insures appropriate care of a pluralistic society.
- c. Accuracy of the literature and research produced about minority persons must be monitored.
- d. We believe that in order to become licensed for the practice of nursing, persons must demonstrate they are knowledgeable to make clinical judgment and guide the health maintenance of all persons. Nurses must, by examination, prove that they are sensitive to various cultural health beliefs and values.
- e. Research involving minorities must conform to the ethics of research regarding human subjects.
- f. We believe that racism affects the biophysio-social status of the individual.

The State Board Test Pool Examination owned by ANA should include concepts about care of minority group persons and human rights, as an integral part of the test for R.N. licensure. ANA, as the owner of the State Test Pool Examination (State Board Examination), should direct that it explicitly measure knowledge required to care for a pluralistic society. These concepts should also be included in all LPN licensure examinations, all certification examinations and NLN achievement tests. Also, such concepts must be reflected in all accreditation criteria, i.e., of curricula for all schools of nursing.

In order to move on the above, the following actions are recommended:

1. The contributions of minority nurses should be identified and made explicit as an integral part of the recorded history of nursing in America.
2. Efforts should be made to enhance the image of and public relations factors of minority group nurses.

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POSITION STATEMENT ON NURSING AND HEALTH NEEDS FOR ETHNIC PEOPLE OF COLOR

The Commission on Human Rights believes that justice is a cardinal concept which guides the nursing profession in the provision of human services. Justice mandates that all persons in need of health and nursing services receive services that are equitable in terms of accessibility, availability and quality.

Justice has not prevailed for ethnic people of color. Available statistics indicate that the ratio of ethnic people to ethnic nurses is much greater than that of the majority population.

"Social and environmental conditions of ethnic people of color have been deteriorating when compared to whites as this nation moved toward improved technology, affluence and the highest standard of living in the world," while quality of life for ethnic people of color remains a significantly inhumane level. For example; over crowding, poor environmental sanitation conditions and services, inadequate nutrition, and ignorance about preventative health measures combine to foster the development of serious health problems in disproportionate numbers among ethnic people of color. The cumulative effects of poverty serves to create a huge gap between the health status of ethnic people of color and whites. A (further) prime indicator of health status is the infant mortality rate which continues to be one and one-third to six times greater than whites. There is an increasing amount of data indicating that the trends in all mortality rates in spite of some improvement, show that over time the gap between life expectancy for ethnic people of color and whites has become wider. This data raises many more complex questions about environment, and the inter relationships between disease conditions and ethnic people of color.

It is our brief that a multifaceted approach must be taken to correct the injustices that exist in the health care system.

Three major systems, political, socioeconomic, and educations must be impacted simultaneously to insure the removal of gaps and the fragmentation of services.

Philosophical

Position statement on nursing and health needs for ethnic people of color

-2-

There must be a single standard of health care for all races and social classes. The extent to which this is pursued and accomplished is dependent upon the extent to which ethnic people of color are considered valuable human beings in this society. Therefore, the commission is committed to actions which improve accessibility to health and nursing services for all people which subsequently will insure quality of such services; identification of barriers to accessibility, recognition and acceptance of culturally relevant kinds of health care, availability of health and nursing services with particular focus on people who have been continuously denied services in the past. There is great urgency to develop and implement strategies for eliminating all barriers to health and nursing services, and the on-going evaluation of such strategies and programs.

Adopted May, 1979

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WCHEN POSITION PAPER: THE PHRASE ETHNIC PEOPLE OF COLOR

This paper provides the historical development of the phrase "ethnic people of color," an explanation of what the phrase is meant to accomplish at this point in time and suggestions for future action.

Historical Perspective

Historically, there have been victims of oppression in this country. Many groups have suffered from such oppression. However, individuals who display a different skin pigmentation have been most subject to discriminatory practices, mainly the American Indians (including Alaskan Natives), Asians, Blacks, Chicanos and other Spanish-speaking people, and the Pacific Islanders.

Over the past decade, new heights have been reached in addressing problems nationally and locally, although discriminatory practices against the people mentioned above continues.

Explication of concepts basic to the development of strong individuals, families, and groups has led to a positive self-concept and self-esteem which in turn has heightened the awareness of minority groups to their potentials as human beings and as prospective professional people.

The term minority groups or disadvantaged minorities has long been used by groups, individuals and legislators. These terms connote an inferior status and do little to enhance a positive self-concept. Such phrases do not accurately define the oppressed groups to which major attention needs to be addressed.

In the evolutionary scheme of events, many minority nurses and other professionals felt a great need to develop a phrase which would more accurately and positively describe American Indians (including Alaskan Natives), Asians, Blacks, Chicanos and other Spanish-speaking people and the Pacific Islanders.

"Color" is the characteristic trait used by the dominant members of society to relegate particular members to an oppressed status. Color serves as the unifying concept included within a descriptive term. Color means a general concentration of melanin higher than that usually found in the Caucasian race. It usually marks a person for social and administrative discrimination not out of his own choice but rather through the

practices and policies of those in positions of power.

Phrase—Ethnic People of Color

In the early 1970's the phrase ethnic people of color was introduced into WCHEN activities. It was believed that this phrase more accurately described the groups which have been discriminated against to the fullest extent. The phrase includes all groups whose skin pigmentation contain color, such as the Asians, Blacks, Native Americans, and Spanish-speaking peoples. This phrase ethnic people of color has received wide acceptance by individuals who are of color and is therefore in accordance with the right of self-determination.

The phrase has been adopted within all aspects of WCHEN programming. It is used in all WCHEN grants and is used by all the WCHEN steering committees. At the June 1976 American Nurses' Association convention, this phrase was also approved for inclusion in the description of the Commission on Human Rights. Because the phrase is serving the need for which it was developed, there is no valid reason to discontinue the use of the phrase at present.

Future Action

The Minority Issues Steering Committee proposes that the problems which need attention are more important than the semantics of the phrase used to describe the group. To concentrate efforts on developing or changing terms diverts energies from the pressing problems which desperately need attention now and impedes progress toward achieving WICHE/WCHEN goals.

The Minority Issues Steering Committee recognizes that there are developing and untested theories from the social sciences which relate to culture, health care, and nursing. We of the Minority Issues Steering Committee foster and encourage theory building, testing, and problem solving in all areas which will foster the development of nursing sciences. It is the hope of this committee that relevant, tested theories will further nursing progress by eliminating institutionalized discriminatory practices in the health delivery system and in the nursing educational system. It is proposed that appropriate forums for open discussion and opportunities for research be provided for the sharing of differing points of views and the development and testing of new theories. WCHEN as a parent organization is large enough to accommodate differing points of view and

Position Paper: The Phrease Ethnic People of Color

Page 2

to foster the exchange of these views among its membership.

The following persons contributed to the drafting of this position paper:

Ms. Teresa Bello, University of California, San Francisco, Chairperson, Minority Issues Steering Committee

Ms. Marie Branch, Project Director, Intro Cultural Diversity in Nursing Curricula, WICHE/WCHEN

Ms. Cecilia Gallerito, University of New Mexico

Ms. Jeanne M. Kearns, Associate Director of Nursing Programs, WICHE/WCHEN

Mrs. Hazel Kim, University of Hawaii, Minority Issues Steering Committee

Ms. Laura Martinez, University of New Mexico, Minority Issues Steering Committee

Mrs. Gloria Smith, University of Oklahoma

Ms. Lorraine Valdez, University of New Mexico

Ms. Sophronia Williams, University of Colorado, Minority Issues Steering Committee

Mrs. Sara Withgott, Maricopa Technical College, Arizona, Minority Issues Steering Committee

AMERICAN NURSES' ASSOCIATION

Commission on Human Rights--Weber Case Position

One of the philosophical assumptions under which the Commission on Human Rights has developed its purpose and functions is the belief in redress of inequities in the employment situations of ethnic people of color in the field of nursing. This belief extends to employment situations outside the field of nursing as the commission believes that the liberation of any person from inequities contributes to the freedom of all persons.

The Fifth Circuit Court of Appeals has issued a decision in Weber vs. Kaiser Aluminum Chemical Corp., 563 F. 2d 216, 16 FEP Cases 1 (CA 5, 1977), holding a voluntary affirmative action plan in violation of Title VII of the Civil Rights Act of 1964 on the basis of so-called "reverse discrimination." The Supreme Court of the United States has agreed to review this decision. The Commission on Human Rights believes with others that it is deemed critical to the future of all meaningful voluntary affirmative action programs nationally that the Weber decision be reversed and that the following principles be promoted:

1. This country cannot attain true equality of opportunity without affirmative action.
2. Title VII and the anti-discrimination principle must be understood in the context of our nation's history of discrimination against non-white people and women and its resulting national patterns of underrepresentation and inequality in the workforce.
3. As explained by the Equal Employment Opportunities Commission in its "Guidelines on Affirmative Action," which was a result of Executive Order 12067 states the position of the executive branch: "Congress enacted Title VII in order to improve the economic and social conditions of minorities and women by providing equality of opportunities in the workplace . . . Voluntary affirmative action to improve opportunities for minorities and women must be encouraged and protected in order to carry out the Congressional intent embodied in Title VII."
4. Title VII and the anti-discrimination principle should not exclusively be a search for villains and villainous acts; on the contrary, the focus should be on current unequal conditions and providing mechanisms for their elimination.
5. The remedies for discrimination against non-white people and discrimination against women are inextricably linked.
6. Voluntary action on the part of employers and unions is instrumental in redressing the pervasive patterns of discrimination addressed by Title VII and Executive Order 11246, but this objective cannot be achieved if employers and unions must first expose themselves to charges that they are violating the very laws they are seeking to implement.

7. Long experience shows that in many instances appropriate "employment tools which recognize the race, sex or national origin of applicants and employees" (EEOC's Affirmative Action Guidelines) such as those at issue in this case are presently the most effective means by which true equal employment opportunity can be achieved.
8. Endorsement of voluntary affirmative action in no way diminished the need for judicially mandated or administratively required affirmative measures which provide the necessary incentive for voluntary action.

It is the position of the Commission on Human Rights that affirmative action programming is a positive, continuing effort that is directed toward achieving results and specifically designed to transcend neutrality. Not merely non-discriminatory programming, it vigorously works to correct past inequities.

DSB:jmc
3/28/79

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AMERICAN NURSES' ASSOCIATION

**Statement on the Need for and Use of Ethnic/Minority
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It is recognized that in the past it might have been true that data so collected could have been used in less than desirable ways. What now seems to be true is that where there exists serious gaps in such data, it creates the very great possibility that less than accurate explanations may be generated and that less than the best decisions will then be made.

The Commission on Human Rights believes that humanistic values can be supported by science. The CHR therefore strongly urges the membership of ANA to choose to provide the statistical information requested on the various forms. The CHR further acknowledges that some choice may be exercised by individuals in consideration of their own security and their own values.

The Commission on Human Rights trusts, however, that the selection to increase our knowledge will lead to greater possibilities to enrich our lives in whatever ways that knowledge and our experience can lead us.

Further, the CHR pledges it will attempt to a) carefully monitor the uses of the data; and b) to insure that the ends to which such data are applied are consistent with the stated purposes of ANA and the CHR.